

<i>SERFF Tracking Number:</i>	<i>HMRK-125668960</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39135</i>
<i>Company Tracking Number:</i>	<i>HMP-HI 308</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Hospital Indemnity</i>		
<i>Project Name/Number:</i>	<i>/HMP-HI 308</i>		

Filing at a Glance

Company: HM Life Insurance Company

Product Name: Hospital Indemnity

TOI: H14G Group Health - Hospital Indemnity

Sub-TOI: H14G.000 Health - Hospital Indemnity

Filing Type: Form

SERFF Tr Num: HMRK-125668960 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: HMP-HI 308

Co Status:

Author: Jennifer Bayich

Date Submitted: 05/28/2008

State Tr Num: 39135

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/10/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number: HMP-HI 308

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt from filing in Pennsylvania

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/10/2008

State Status Changed: 06/10/2008

Corresponding Filing Tracking Number:

Filing Description:

May 30, 2008 VIA SERFF

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association

Deemer Date:

Arkansas Department of Insurance

120 West 3rd Street

Little Rock, AR 72201

<i>SERFF Tracking Number:</i>	<i>HMRK-125668960</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/HMP-HI 308</i>		

Re: HM Life Insurance Company

NAIC 93440

FEIN 06-1041332

Form Filing

Hospital Indemnity Policy HMP-HI 308

Hospital Indemnity Certificate HMC-HI 308

Dear Sir or Madam:

The above captioned forms are being filed for review and approval for use in Arkansas. These forms are new and do not replace any forms now on file with your department. We are submitting these forms in final print and in compliance with the filing guidelines in your state.

The forms contained in this filing represent HM Life's Hospital Indemnity product which offers lump sum benefits to covered individuals upon confinement in a hospital an in-patient, emergency room visits and health screenings. This plan of insurance will be marketed by HM Life to employer, or similar, groups on a non-contributory, or contributory / voluntary, payroll deduction basis. These forms offer coverage to employees and their dependents. We will not market to any organization for which a filing is required in your state or that is not a group as defined by applicable law. There is no deviation from generally accepted standard insurance practices.

Bracketed items in this filing indicate variable information, and may be removed from some group plans developed. Any or all of the variables could be used in each plan, policy or certificate. Please see the Summary of Variables document submitted with this filing under the Supporting Documentation tab.

These forms have been tested for readability and attain a Flesch reading score of at least 50. A readability certification is attached. Also, please note that application form HMWA 308 approved for use by your Department on May 23, 2008 (SERFF Tracking Number HMRK-125652016) will be used with these forms.

If you have any questions, please contact me at the left-side address, or if you prefer at either my direct dial of 412-544-0923; or via email at jennifer.bayich@hminsurancgroup.com.

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TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Hospital Indemnity
Project Name/Number: /HMP-HI 308

Thank you in advance for your immediate attention to this filing.

Sincerely,
Jennifer L. Bayich, Esq
Compliance Analyst III

Attachments

Company and Contact

Filing Contact Information

Jennifer Bayich, Compliance Analyst II
P.O. Box 535061
Pittsburgh, PA 15235-5061

jennifer.bayich@hminsurancegroup.com
(412) 544-0923 [Phone]
(412) 544-1138[FAX]

Filing Company Information

HM Life Insurance Company
PO Box 535065
Suite P6504
Pittsburgh, PA 15253-5065
(412) 544-1139 ext. [Phone]

CoCode: 93440 State of Domicile: Pennsylvania
Group Code: 812 Company Type:

Group Name: HM Insurance Group State ID Number:
FEIN Number: 06-1041332

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: 2 forms x \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HM Life Insurance Company	\$100.00	05/28/2008	20540097

SERFF Tracking Number:	HMRK-125668960	State:	Arkansas
Filing Company:	HM Life Insurance Company	State Tracking Number:	39135
Company Tracking Number:	HMP-HI 308		
TOI:	H14G Group Health - Hospital Indemnity	Sub-TOI:	H14G.000 Health - Hospital Indemnity
Product Name:	Hospital Indemnity		
Project Name/Number:	/HMP-HI 308		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/10/2008	06/10/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/06/2008	06/06/2008	Jennifer Bayich	06/09/2008	06/09/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Summary Of Variables	Supporting Document	Jennifer Bayich	05/28/2008	05/28/2008

<i>SERFF Tracking Number:</i>	<i>HMRK-125668960</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Hospital Indemnity</i>		
<i>Project Name/Number:</i>	<i>/HMP-HI 308</i>		

Disposition

Disposition Date: 06/10/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HMRK-125668960 State: Arkansas

Filing Company: HM Life Insurance Company State Tracking Number: 39135

Company Tracking Number: HMP-HI 308

TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity

Product Name: Hospital Indemnity

Project Name/Number: /HMP-HI 308

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Summary Of Variables	Approved-Closed	Yes
Form (revised)	Group Hospital Indemnity Policy	Approved-Closed	Yes
Form	Group Hospital Indemnity Policy	Withdrawn	No
Form (revised)	Group Hospital Indemnity Certificate	Approved-Closed	Yes
Form	Group Hospital Indemnity Certificate	Withdrawn	No

SERFF Tracking Number: HMRK-125668960 State: Arkansas
Filing Company: HM Life Insurance Company State Tracking Number: 39135
Company Tracking Number: HMP-HI 308
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: Hospital Indemnity
Project Name/Number: /HMP-HI 308

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/06/2008
Submitted Date 06/06/2008
Respond By Date 07/06/2008

Dear Jennifer Bayich,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Hospital Indemnity Policy (Form)
- Group Hospital Indemnity Certificate (Form)

Comment: With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Objection 2

- Group Hospital Indemnity Policy (Form)
- Group Hospital Indemnity Certificate (Form)

Comment: Coverage for newborn infants must be for at least 90 days as outlined under 23-79-129.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/09/2008
Submitted Date 06/09/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: Good Morning-

SERFF Tracking Number: HMRK-125668960 State: Arkansas
 Filing Company: HM Life Insurance Company State Tracking Number: 39135
 Company Tracking Number: HMP-HI 308
 TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
 Product Name: Hospital Indemnity
 Project Name/Number: /HMP-HI 308

Thank you for your response to this filing. In accordance with your objection letter, the dependent definition has been revised to remove the time limitation on furnishing proof of a child's handicap; and the coverage for newborns has been extended to 90 days.

Please advise if additional information is needed.

Thank you and have a good day.

Related Objection 1

Applies To:

- Group Hospital Indemnity Policy (Form)
- Group Hospital Indemnity Certificate (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-86-108(4) and Bulletin 14-81.

Related Objection 2

Applies To:

- Group Hospital Indemnity Policy (Form)
- Group Hospital Indemnity Certificate (Form)

Comment:

Coverage for newborn infants must be for at least 90 days as outlined under 23-79-129.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group Hospital Indemnity Policy	HMP-HI 308		Policy/Contract/Fraternal Certificate	Initial		53	Microsoft Word - HMP-HI Policy Rev.pdf
Previous Version							
Group Hospital	HMP-HI		Policy/Contract/Fraternal	Initial		53	Microsoft

<i>SERFF Tracking Number:</i>	<i>HMRK-125668960</i>	<i>State:</i>	<i>Arkansas</i>		
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39135</i>		
<i>Company Tracking Number:</i>	<i>HMP-HI 308</i>				
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>		
<i>Product Name:</i>	<i>Hospital Indemnity</i>				
<i>Project Name/Number:</i>	<i>/HMP-HI 308</i>				
<i>Indemnity Policy</i>	<i>308</i>	<i>Certificate</i>			Word - HMP-HI Policy Clean.pdf
 Group Hospital Indemnity Certificate	 HMC-HI 308	 Certificate	 Initial	 51	 Microsoft Word - HM HI Cert 5.6.08- Clean.pdf
<i>Previous Version</i>					
<i>Group Hospital Indemnity Certificate</i>	<i>HMC-HI 308</i>	<i>Certificate</i>	<i>Initial</i>	<i>51</i>	Microsoft Word - HM HI Cert 5.6.08- Clean.pdf

<i>SERFF Tracking Number:</i>	<i>HMRK-125668960</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Hospital Indemnity</i>		
<i>Project Name/Number:</i>	<i>/HMP-HI 308</i>		

No Rate/Rule Schedule items changed.

Sincerely,
Jennifer Bayich

<i>SERFF Tracking Number:</i>	<i>HMRK-125668960</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39135</i>
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<i>Product Name:</i>	<i>Hospital Indemnity</i>		
<i>Project Name/Number:</i>	<i>/HMP-HI 308</i>		

Amendment Letter

Amendment Date:

Submitted Date: 05/28/2008

Comments:

Attached please find the Summary of Variables referenced in the filing description. Thank you. I apologize for the oversight in the original submission.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Summary Of Variables

Comment:

Summary of Variables HM-HI 308.pdf

SERFF Tracking Number: HMRK-125668960 State: Arkansas

Filing Company: HM Life Insurance Company State Tracking Number: 39135

Company Tracking Number: HMP-HI 308

TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity

Product Name: Hospital Indemnity

Project Name/Number: /HMP-HI 308

Form Schedule

Lead Form Number: HMP-HI 308

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HMP-HI 308	Policy/Cont	Group Hospital ract/Fratern Indemnity Policy al Certificate	Initial		53	Microsoft Word - HMP- HI Policy Rev.pdf
Approved-Closed	HMC-HI 308	Certificate	Group Hospital Indemnity Certificate	Initial		51	Microsoft Word - HM HI Cert 5.6.08- Clean.pdf

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

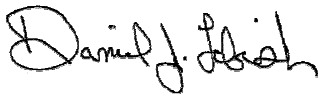
POLICYHOLDER:	[*]
[PARTICIPATING ORGANIZATION]	[*]
POLICY NUMBER:	[*]
POLICY EFFECTIVE DATE:	[*]
POLICY ANNIVERSARY DATE:	[*]
STATE OF ISSUE:	[*]

HM Life Insurance Company, herein called the Company or we, us or our, in consideration of the [Application for this Policy, if any and the] timely payment of Premiums, agrees, subject to the terms and conditions of the Policy, to insure the [Policyholder]'s eligible [employee]s and their eligible dependents under this Policy. The [Policyholder] may add new [employee]s or dependents from time to time in accordance with the terms of the Policy. Subsequent anniversaries of the Policy will be the same date each year thereafter.

This Policy describes the terms and conditions of insurance. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the [Policyholder]'s address. The laws of the State of Issue shown above govern this Policy.

We and the [Policyholder] agree to all of the terms of this Policy

IN WITNESS WHEREOF **HM Life Insurance Company** has caused this Policy to be executed on the Date of Issue to take effect on the Policy Effective Date.



President



Secretary

GROUP HOSPITAL INDEMNITY POLICY • NON-PARTICIPATING

THIS POLICY PROVIDES LIMITED BENEFITS

NO RECOVERY FOR PRE-EXISTING CONDITIONS - READ CAREFULLY.

No benefits will be provided for the first twelve months a person is covered under the Policy for conditions for which medical advice or treatment was received or recommended during the [three] [six] [twelve] month period prior to the effective date of such person's coverage under the Policy.

Questions or Comments

We want to hear from you. If you have any questions about this Policy, its benefits, the filing of claims, a complaint or a compliment, write to us at the address on the front of this Policy. We thank you for your loyal patronage.

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[SCHEDULE OF AFFILIATES

The following Affiliates are covered under this Policy on the effective dates listed below. A newly-acquired Affiliate may be covered under this Policy on the date it is acquired as long as the [Policyholder] notifies us within [30] [45] [60] [90] [180] days of its acquisition and pays the required premium. If we are not notified within the required time period, the Affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are [employed by] [members of] [associated with] the Affiliate on its effective date of coverage are eligible for coverage on that date.

[Affiliate Name	Location	Effective Date
[*]	[*]	[*]]

SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the Policy provisions carefully.

No benefits are payable for any Covered Person until the Eligibility Waiting Period has been completed.

Eligibility Waiting Period

[For [employee]s hired [30] [31] [60] days [or more] before the Certificate Effective Date: [None] [30] [31] [45] [60] [90] [days] [The period determined by the [Policyholder's] personnel practices]]

[For [employee]s hired after the Certificate Effective Date: [None] [30] [31] [45] [60] [90] [days] [the [Policyholder]'s next Open Enrollment Period] [The period determined by the [Policyholder's] personnel practices]]

Covered Persons

- [1.] [Employee]
- [2.] [Dependent Spouse] [Domestic Partner]
- [3.] [Dependent Children]

[Reduction Schedule

Rate	50%
Attained Age	70]

Benefit	Amount
Hospital Confinement	
Per day	[\$100 - \$2000 (in \$50 increments)]
Number of days per confinement	180
[Hospital Admission	
Per Hospital Stay	[\$100 -\$2000 (in \$50 increments)]
Number of Days (per Hospital Stay)	1]
[Hospital Intensive Care	
Per day	[\$100 -\$2000 (in \$50 increments)]
Number of days per confinement	30]
[Hospital Emergency Room[*]	
[Covered Person] Per visit	[\$25 -\$250 in \$25 increments per visit]
[Number of Visits per Plan year	2]
[*] Emergency Room visits due to sickness are excluded unless the Covered Person is admitted to a Hospital within [48] [72] hours]]	

[Surgical Benefit	
Benefit per Surgical Procedure	See Surgical Schedule
Maximum for any one Procedure	[\$500 – \$7500 in \$500 increments]]
[Anesthesia Benefit	
	20% of the Benefit per Surgical Procedure]
[Health Screening Benefit	
Benefit per test	[\$25] [50] [75] [100]
Number of Tests per [Plan] year	1]
Minimum Participation Requirement	[5] [Employees] [and] [Dependents]
Rates and Premiums	
Mode of Premium Payment	[Weekly] [Bi-weekly][Monthly] [Quarterly] [Semi-annual] [Annual]
Premium Due Dates	Policy Effective Date and the first day of each month thereafter
Contributions	[Policy Effective Date and the first day of each month thereafter]
	[Policy Effective Date and the first day of each calendar quarter thereafter]
	Policy Effective Date and the first day [July] [and] [January] thereafter]
Rates	[Weekly] [Bi-weekly][Monthly] [Quarterly] [Semi-annual] [Annual] Rate
[Employee]	[*]
[[Employee] and [Dependent Spouse]	
[Domestic Partner]]	[*]
[Employee] and Child(ren)	[*]
[Family]	[*]
[Composite]	[*]

DEFINITIONS

Please note that certain words used in this Policy have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our, the words defined below and capitalized within the text of this Policy have the meanings set forth below.

Active Service means that the Covered [Employee] is either:

1. at work on one of the [Employees] scheduled work days and is performing his regular duties on a[scheduled] basis, either at one of the [Employer's] usual places of business or at some other location to which the [Employer]'s business requires him to travel;
2. on a scheduled holiday[,] [or] vacation day [or period of [Employer]-approved paid leave of absence][, only if the [Employee] was in Active Service on the preceding scheduled workday].

A Covered Person is considered in Active Service if he is not one of the following:

1. an in-patient in a Hospital, skilled nursing facility, rehabilitation hospital, convalescent / personal care facility or receiving out-patient care and/or therapy that affects a Covered Person's ability to perform his regular duties on a scheduled basis;
2. confined at home under the care of a Physician or Doctor for a treatment of an Injury or Sickness; or
3. totally disabled.

Affiliate means a company, location or division while subsidiary to, affiliated with or controlled by the Policyholder.

Certificate means the document issued for delivery to the Covered Person that lists the benefits, conditions and limits of the Policy.

Company or **we, us, our**, means HM Life Insurance Company, domiciled in Pennsylvania.

Covered Accident means an Injury, which:

1. occurs as a result of an Injury while the Covered Person is insured under the Policy, and after any applicable Eligibility Waiting Period;
2. is not subject to the Pre-Existing Condition Limitation; and
3. is not otherwise excluded under the terms of this Policy.

[Employee] means a [full-time] [employee] of the [Policyholder] [who works an average of [10] [15] [20] hours per week [and who meets all of the requirements for one of the Covered Classes shown below].

- | | |
|-------------|--|
| [[Class 1] | [All [employee]s] of the [Policyholder] who are officers] |
| [Class 2] | [All [employee]s] of the [Policyholder] who are managers or supervisors] |
| [Class 3] | [All [employee]s] of the [Policyholder]] at [location]] |
| [Class 4] | All other [employee]s] of the [Policyholder]]] |

Covered Person means an [Employee][.] [or] [Dependent] [Domestic Partner] , for whom an enrollment form has been accepted by us[, the required premium has been paid when due] and for whom coverage under this Policy remains in force. If [employee] is shown in the *Schedule of Benefits* we insure the [Employee]. Dependents are insured if either [Dependent spouse][.] [or] [Domestic Partner] or Dependent children is shown in the *Schedule of Benefits*.

Covered Sickness means an illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury that:

1. is first manifested while the Covered Person is insured under the Policy, and after any applicable Eligibility Waiting Period;
2. is not subject to the Pre-Existing Condition Limitation; and
3. is not otherwise excluded under the terms of this Policy

Dependent means the [Employee]'s:

1. Spouse, unless such spouse is eligible as a Covered [Employee] under this Policy; [and] [or]

[2.] [Domestic Partner, unless such person is eligible as a Covered [Employee] under this Policy; and]

[3.] Unmarried natural or step child, unless such child is eligible for medical coverage as a Covered [Employee] under this Policy and who:

- [a.] is less than [19] [23] [25] [30] years old; or
- [b.] is unmarried, under [23] [25] [30] years of age and attends an accredited educational institution as a full-time student; or
- [c.] becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [19];

This term includes a child who:

[1.] [is living with the Covered [Employee] in a parent child relationship; or]

[2.] is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered [Employee]; or

[3.] is required to be provided coverage by the Covered Person or his [spouse] [Domestic Partner] under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

[Domestic Partner] means a person of [the same] [or] [the opposite] sex who:

[1.] [is not married or legally separated];]

[2.] [has not been party to an action or proceeding for divorce or annulment within the last six months, or has been a party to such an action or proceeding and at least six months have elapsed since the date of the judgment terminating the marriage];]

[3.] [Is not currently registered in a domestic partnership with a different domestic partner and has not been in such a relationship for at least six months];]

[4.] [occupies the same residence as the [Employee]];]

[5.] [has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature];] [and]

[6.] [has entered into a Domestic Partnership Arrangement with the [Employee]].]

[Domestic Partnership Arrangement] means the [Employee] and another person of [the same] [or] [the opposite] sex has any three of the following in common (documentation may be requested to the extent allowed by the city, county or state in which you reside):

1. joint lease, mortgage or deed;
2. joint ownership of a vehicle;
3. joint ownership of a checking account or credit account;
4. designation of the domestic partner as a beneficiary for the employee's life insurance or retirement benefits;

5. designation of the domestic partner as a beneficiary of the employee's will;
6. designation of the domestic partner as holding power of attorney for health care; or
7. shared household expenses.]

Eligibility Waiting Period means the period of time that must lapse before an [Employee][,] [or] [Dependent] [or] [Domestic Partner] is eligible for this insurance. It will be extended by the number of days the [Employee] is not in Active Service.

We will not pay benefits for a Covered Accident that occurs, a Covered Sickness that begins, or a Health Screening performed during the Eligibility Waiting Period.

[Provide **Evidence of Insurability** means a[n] [Employee],] [and Dependent] [and] [Domestic Partner] [Covered Person] must [upon request] [and at their expense]:

- [1.] complete and sign our [enrollment] [health and medical history] form[;]
- [2. sign our form authorizing us to obtain information about his health and other insurance coverage;
- [3.] provide any additional reasonable information about his insurability that we request; and
- [4.] undergo a physical examination and testing at our request].]

He, him or his means an individual, male or female.

Hospital means an institution that meets all of the following:

1. it is licensed pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
2. it is managed under the supervision of a staff of legally licensed physicians;
3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
5. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent or custodial care; or
2. the aged.

Hospital Intensive Care Unit means a place which:

1. is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
3. is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;

4. is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a twenty four hour basis; and
5. has a Doctor assigned to the intensive care unit on a full-time basis.

A Hospital Intensive Care unit is not any of the following step down units:

1. a progressive care unit;
2. a sub-acute intensive care unit;
3. an intermediate care unit;
4. a private monitored room;
5. a surgical recovery room;
6. an observation unit; or
7. any facility not meeting the definition of a hospital intensive care unit as defined in this Policy.

Hospital Stay means a confinement in a Hospital, ordered by a Physician or Doctor for at least 24 consecutive hours when room and board and general nursing care are provided at a per diem charge made by the Hospital. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless [(a)] separated by at least [30] [60] [90] days [or (b) a Covered [Employee] returns to Active Service for [15] [30] [45] or more days] between Hospital Stays.

Injury means bodily injury solely due to a Covered Accident. It includes all complications of and all injuries received from the same accident.

In-Patient means a Covered Person who is confined [overnight] [,] [for at least] [one full day] [or] [twenty-four (24)] continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case the term "In-patient" shall mean a Covered Person is required to be confined for a period determined by applicable law governing such facility.

Open Enrollment Period means a period of time agreed upon by the [Policyholder] and the Company, during which an [Employee] may apply for insurance.

Out-Patient means a Covered Person who receives covered treatment, services and supplies while not an In-patient in a Hospital.

Physician or Doctor means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the [Policyholder];
2. living in the Covered Person's household; or
3. a parent, sibling, spouse[,], [domestic partner] or child of the Covered Person.

[Plan] Year or annual or annually means a period of twelve consecutive months beginning on the Policy Effective Date and subsequent Anniversary Dates.

Policyholder means the entity shown on the cover page of this Policy.

[Participating Organization] means the entity shown on the cover page of this Policy.]

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Policy Effective Date

We agree to provide Hospital Indemnity Insurance Benefits described in this Policy in consideration of the [Policyholder]'s payment of the premium when due. Insurance coverage begins on the Policy Effective Date shown on this Policy's first page as long as the Minimum Participation requirement shown in the *Schedule of Benefits* has been satisfied.

[Effective Date for Newly-Acquired Affiliates

Insurance becomes effective for any newly-acquired affiliate of the [Policyholder] on first of the month following the date it is acquired if we have been notified in writing within the time period specified in the *Schedule of Affiliates*, have agreed to provide insurance, and have received any additional premium due. If we are not so notified, insurance for the Affiliate will become effective on the first of the month following the date we agree in writing to insure it and receive any additional premium due. Individuals who are [employee]s of an Affiliate on its effective date of insurance under this Policy will be eligible for insurance on that date.]

Eligibility

An [Employee][,][Dependent] [or][Domestic Partner] is eligible provided:

1. they meet the applicable definition shown in *Definitions*; and
2. they have completed the Eligibility Waiting Period, if any; and
- [3. in the case of an [Employee][,][Dependent spouse] [or] [Domestic Partner] they are under age 70 [on the Effective Date of the Certificate] [date they complete the Eligibility Waiting Period]; and]
- [4.] they meet the definition of Active Service in *Definitions*.

No person is eligible for insurance under this Policy as both an [Employee][,] [Dependent] [or Domestic Partner] at the same time.

Effective Date

The Effective Date of the Policy and Certificate is shown on the applicable cover page.

An eligible [Employee]'s insurance becomes effective on the [day] [first of the month] following the date he[:]

- [1.] submits a complete enrollment form, if any [and we approve that form]; and]
- [2.] has paid the required first contribution, if any].

An eligible Dependent's [or Domestic Partner]'s insurance becomes effective on the [day] [first of the month] following the date the [Employee] first becomes insured[, or the [day] [first of the month] following the date the person becomes eligible, if later][, provided[:]

- [1.] [a completed enrollment form, if any, is submitted for the Dependent [and we approve that form]][,][and]
- [2.] [the [Employee] has paid the required first contribution, if any, for the Dependent's coverage.

If either the [spouse] [or Domestic Partner] is eligible as an [Employee] the dependent children may be covered under only one [Employee].

If both of the [spouses] [or Domestic Partners] are eligible as an [Employee] and have no dependent children;

1. both will be insured as Covered Persons when a Covered Person is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered Persons or one may elect to insure the other as a Dependent when a Covered Person is required to contribute to the cost of his insurance.

If both of the [spouses] [or Domestic Partners] are eligible as an [Employee] and have dependent children;

1. both will be insured as Covered Persons and dependent coverage will be provided via only the parent whose birthday occurs first during a Plan] Year, when an [Employee] is not required to contribute to the cost of his Dependents' insurance; and
2. both may be insured as an [Employee] but only one may elect dependent coverage to insure dependent children, when an [Employee] is required to contribute to the cost of his dependents' insurance.

A [spouse] [or Domestic Partner] that does not meet the definition of [Employee], or a dependent child may be insured as a Dependent provided one [spouse] [or Domestic Partner] meets the definition of [Employee] shown in *Definitions*.

[Newborn children of an [Employee] or spouse are automatically covered from birth provided we receive notification within 90 days after the birth of the newborn. [Foster children [and other children living with the [Employee] or spouse in a parent child relationship] are eligible for coverage on the same basis upon placement in the home.]

[A child adopted by, or placed for adoption with, or who are a party in a suit for adoption by an [Employee] or spouse is covered automatically from birth provided we receive notification within 31 days after the birth of the newborn.]

[A minor under the charge, care, and control of the insured whom the insured has filed a petition to adopt shall be provided coverage the same as provided for other members of the insured's family. Coverage shall begin on the date of the filing of a petition for adoption if the insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the minor]

Deferred Effective Date

The effective date of insurance will be deferred for any [Employee] who is not in Active Service on the [day] [first of the month] following the date he would otherwise have become eligible. Coverage will become effective on the later of the [day] [first of the month] following the date he returns to Active Service and the [day] [first of the month] following the date coverage would otherwise have become effective.

Late Enrollee

A person will be considered a late enrollee if he does not apply for insurance under this Policy within 31 days of the [day] [first of the month] following the date he is first eligible.

[Coverage for any late enrollee will become effective on the [day] [first of the month] following the date he [enrolls] [completes a [30] [60] [90] [120] [180] day late enrollee waiting period] [and submits the required premium].]

[If a person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on the [first] day [of the month coinciding with or next] following the date we approve such person's Evidence of Insurability.]

[If a person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must wait until the [Policyholder]'s next Open Enrollment Period. Coverage for any late enrollee will become effective on the date specified by the [Policyholder].]

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the [Employee]'s Covered Class will take effect on the [day] [first of the month] following the date of such change. Increases will take effect subject to any Active Service and Evidence of Insurability requirement.

Termination of Insurance

Please read the *Continuation of Coverage* section of this Policy for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Policy or insurance for a Covered Class is terminated;
2. the [day] [next premium due date after first of the month] following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
- [3.] [the [day] [next premium due date after first of the month] following the date the Covered Person attains age 70;]
- [4.] the last day of the last period for which premium is paid;
- [5.] the end of any period of continuation, as provided in the *Continuation of Coverage*; and
- [6.] with respect to a Dependent, the [day] [first of the month] following the date of the death of the [Employee] or the [day] [first of the month] following the date of divorce from the [Employee][, or termination of a Domestic Partnership Arrangement].

Termination will not affect a claim for a Covered Accident, Covered Sickness or Health Screening incurred while coverage was in effect.

Continuation of Coverage

If a Covered Person's insurance terminates for any reason other than payment of any required premium when due or termination of the Policy, such person may elect to continue coverage under the Policy provided he has not attained age 70. To elect continued coverage, the Covered Person must[:]

- [1.] [have been continuously insured for at least [6] [12] [24] months under this Policy and/or any plan it replaced just before the date their insurance terminates; and]
- [2.] make the election within 31 days of termination and pay all required premiums for the continued coverage.

Continued coverage is subject to all of the provisions and limitations of the Policy. The premium rate charged for the continued coverage will be 105% of the rate charged under the Policy [based on the Covered Person's age at the time he elect to continue coverage]. Premiums for continued coverage will

be collected from the terminated individual on a monthly, quarterly, semi-annual or annual basis, as elected by the Covered Person.

Coverage continued under this provision will end when [the Policy terminates][,] [the date such person attains age 70] or the last period for which premium is paid[, whichever occurs first].

BENEFITS

The benefit amounts payable are shown in the *Schedule of Benefits*. [If the *Schedule of Benefits* shows a Reduction Schedule any benefit payable after the attained age will be reduced by the rate shown in Reduction Schedule.] No benefits are payable for any Covered Person until the Eligibility Waiting Period has been completed.

Hospital Confinement – We will pay this benefit in the amount shown in the *Schedule of Benefits* when a Covered Person is confined to a Hospital as an In-Patient as the result of injuries received in a Covered Accident or because of a Covered Sickness. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined to a Hospital as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

[The length of time shown for Hospital Confinement in the *Schedule of Benefits* is the maximum period for which a Covered Person can collect benefits for a Hospital Stay resulting from the same Covered Sickness or injuries received from the same Covered Accident; we will pay benefits on a daily basis.]

This benefit is payable for only one Hospital Stay at a time even if caused by more than one Covered Accident, more than one Covered Sickness or a Covered Accident and a Covered Sickness.

[Hospital Admission – We will pay this benefit when a Covered Person is admitted to a Hospital and confined as an In-Patient because of injuries received in a Covered Accident or because of a Covered Sickness. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

We will pay the Hospital Admission benefit amount shown in the *Schedule of Benefits* when a Covered Person is admitted to a Hospital as an In-Patient. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or Out-Patient treatment.

We will pay this benefit once per Hospital Stay. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the Hospital as an In-Patient because of the same or related injury or sickness, we will not pay this benefit again.]

[Hospital Intensive Care – If a Covered Person is confined in a Hospital Intensive Care Unit as an In-Patient due to an injury received in a Covered Accident or because of a Covered Sickness, we will pay the daily benefit amount shown in the *Schedule of Benefits*. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined to a Hospital as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

We will pay this amount for each day of such confinement, but not to exceed the maximum benefit period shown in the *Schedule of Benefits* during any one Hospital Stay.

We will pay benefits for only one confinement in a Hospital Intensive Care Unit as an In-Patient at a time, even if it is caused by more than one Covered Accident, more than one Covered Sickness or a Covered Accident and a Covered Sickness.

If we pay benefits for confinement in a Hospital Intensive Care Unit as an In-Patient and the Covered Person becomes confined to a Hospital Intensive Care Unit again within [90] [180] [365] days because of the same or related condition, we will treat this confinement as the same Hospital Stay.]

[Surgical Benefit – If surgery due to an injury received in a Covered Accident or because of a Covered Sickness is performed by a Physician or Doctor, we will pay the amount for the procedure listed in the HMP-HI 308

Schedule of Surgical Procedures up to the maximum shown in the *Schedule of Benefits* for any one surgical procedure. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a Physician's or Doctor's office.

If an operation is not listed in the *Schedule of Surgical Procedures*, we will pay an amount comparable to that which would be payable for the operation listed in the *Schedule of Surgical Procedures* which is most nearly similar in severity and complexity.

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided.]

[Anesthesia Benefits – When a surgical procedure is performed that is covered under the Surgical Benefit, we will pay the amount shown in the *Schedule of Benefits* for anesthesia administered by a Physician or Doctor in connection with such procedure.]

[Hospital Emergency Room Benefit – If a Covered Person is injured in a Covered Accident or has a Covered Sickness, and receives treatment in a Hospital emergency room we will pay the benefit shown in the *Schedule of Benefits*. [This benefit will not be paid for a Covered Sickness unless the Covered Person is admitted to the Hospital within [48] [72] hours of the time treatment is first requested in the Hospital emergency room.]]

[Health Screening Benefit – We will pay the amount shown in the *Schedule of Benefits* for the Health Screening Tests. This Benefit is payable [once] per [Plan] Year].

As used above "Health Screening Test" means:

1. Stress test on a bicycle or treadmill, or using Thallium or similar pharmaceutical agent;
2. Fasting blood glucose test;
3. Blood test for triglycerides;
4. Serum cholesterol test to determine level of HDL and LDL;
5. Bone marrow testing;
6. Breast ultrasound;
7. CA 15-3 (blood test for breast cancer);
8. CA 125 (blood test for ovarian cancer);
9. CEA (blood test for colon cancer);
10. Chest X-ray;
11. Colonoscopy;
12. Flexible sigmoidoscopy;
13. Hemocult stool analysis;
14. Mammography;
15. Pap test;
16. PSA (blood test for prostate cancer);

17. Serum Protein Electrophoresis (blood test for myeloma);

18. Thermography; and

19. Skin review by a dermatologist.

We will pay this benefit regardless of a supporting Diagnosis or the results of the test.]

LIMITATIONS AND EXCLUSIONS

Limitations

1. Eligibility Waiting Period - No benefits are payable for any [Employee's], [or] [Dependent] [or] [Domestic Partner] until the Eligibility Waiting Period shown in the *Schedule of Benefits* has been completed. If first diagnosed during the Eligibility Waiting Period, the Pre-Existing Condition Limitation will apply to any loss from that diagnosis. [At the [Policyholder]'s option, you may elect to void any coverage applied for and receive a full refund of premium. Any such request must be in writing and made prior to the end of the Eligibility Waiting Period.]
2. Pre-Existing Conditions - We will not pay benefits for any condition or illness starting within [3] [6] [12] months of the [Effective Date of the Certificate] [effective date of an [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance] which is caused by, contributed to, or resulting from a Pre-Existing Condition. A claim for benefits for loss starting after 12 months from the Effective Date of the Certificate [effective date of an [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance] will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

A condition will no longer be considered Pre-Existing at the end of 12 consecutive months starting and ending after the Effective Date of the Certificate [effective date of an [Employee's] [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance].

"Pre-Existing Condition" means a sickness or physical condition which, within the [3] [6] [12]-month period prior to the Effective Date of the Certificate [effective date of an [Employee's] [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance] resulted in an insured receiving medical advice or treatment.

"Treatment" means consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

- [3. Reduction Schedule – The benefit payable will be reduced by 50% if a Covered Person is age 70 or older on the date such benefit becomes payable. "Age" means the age of the Covered Person on such person's most recent birthday, regardless of the actual time of birth.]

Exclusions

We will not pay benefits for loss contributed to, caused by, or resulting from the following unless specifically provided elsewhere in this Policy:

1. Treatment that is solely for the purpose of rest care or custodial care and any associated transportation;
2. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof. This exclusion does not apply to:
 - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of an Injury;
 - b. reconstruction incidental to or following surgery resulting from a covered Injury or Illness or from trauma, infection or other diseases of the involved part;
 - c. correction of a congenital defect or anomaly that results in a functional defect of a covered

- dependent child;
 - d. with respect to a mastectomy:
 - i. all stages of reconstruction of the breast on which the mastectomy has been performed;
 - ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;
- 3. Examinations needed for employment, obtaining insurance or travel;
- 4. Voluntary abortion, unless:
 - a. the life of the mother would be endangered if the fetus were carried to term; or
 - b. medical complications have arisen from an abortion;
- 5. Sex change procedures;
- 6. Experimental services or treatments;
- 7. Reversal of sterilizations;
- 8. Diagnosis and treatment of infertility;
- 9. Treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;
- 10. Routine eye examinations or fitting of glasses or contact lenses;
- 11. Hearing examinations or fitting of hearing aids;
- 12. Dental examinations or dental care other than expenses resulting from a Covered Accident;
- 13. Smoking cessation;
- 14. Loss due to suicide or any attempt or threat to commit suicide, while sane or insane, or any intentionally self-inflicted injury or sickness[, unless as a result of a medical condition or an act of domestic violence];
- 15. Loss due to participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
- 16. Loss due to committing, attempting to commit, or taking part in a felony or assault;
- 17. Loss due to an Injury while participating in a contest of speed in power driven vehicles or a self propelled conveyance, parachuting, parasailing, bungee jumping, mountain climbing, spelunking, or hang gliding, operating an all terrain vehicle (ATV or dirt bike), SCUBA diving, white water rafting or mountain biking;
- 18. Air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
 - a. on a charter flight operated by a scheduled airline; or
 - b. as a passenger for transportation only and not as a pilot or crew member;
- 19. Loss due to the Covered Person being legally intoxicated as determined according to the laws of the United States of America;
- 20. Any treatment for an accident or sickness resulting from the use of a controlled substance by a

Covered Person that is not provided by or at the direction of a Physician or Doctor;

21. Loss due to an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes an accidental injury or sickness contracted while in the service of any military, naval or air force of any country engaged in war (the Company will refund the pro rata unearned premium for any such period the Covered Person is not covered);
22. Loss due to an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Workers' Compensation, Occupational Disease or similar law, whether or not application for such benefits has been made;
23. Any treatment received or expenses incurred during a period of time that insurance for a Covered Person is not in force;
24. Any treatment received or expenses incurred after this Policy has terminated;
25. Any service, supply or treatment that is not provided by or at the direction of a Physician or Doctor, or is inconsistent with standards of medical practice for the applicable condition;
26. Treatment of any accident or sickness outside the United States or Canada;
27. Transportation;
28. Benefits for services or treatment rendered by any person who is:
 - a. employed or retained by the [Policyholder];
 - b. living in the Covered Person's household;
 - c. a parent, sibling, spouse[,] [domestic partner] or child of a Covered [Employee] or of His spouse; or
 - d. a Covered Person treating himself;
29. The treatment of:
 - a. mental illness;
 - b. functional or organic nervous disorder, regardless of cause;
 - c. alcohol abuse; or
 - d. drug use, unless such drugs were taken on the advice of a Physician or Doctor and taken as prescribed;
30. Participating in any organized sport; professional or semi-professional;] [or]
31. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.]

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to us within 31 days after a Covered Accident or Covered Sickness is incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized agent. Notice should include the [Policyholder]'s name and the Covered Person's name, address, Policy and Policy Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to us must be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized agent within 90 days of the loss for which claim is made.

If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

[Notice of Decision

We will send you written notice of our claim decision within 30 days after we receive due proof of your loss. If there are special circumstances that require more time (such as the need to hold a hearing), we will send you a written notice within this timeframe that an additional 30 days is needed. If more time is still needed to make a claim determination, we will send you written notice during this initial 30 day extension stating the special circumstances that require an additional 30 days. You will have 45 days to provide any additional information requested.

If your claim is urgent, we will notify you of our decision within 72 hours. If we need more information, we will let you know within 24 hours of your claim. At that time we will tell you what additional information is needed to process your claim. You will have 48 hours to provide any additional information requested. We will notify you of our decision within 48 hours after we receive the requested information. Our response to an urgent care claim may be oral; if it is, we will confirm our decision in writing.

We will treat your claim as urgent if a delay in processing your claim could seriously jeopardize your life, health, or ability to regain maximum function, or if in the opinion of the treating physician, a delay would subject you to severe pain that cannot be managed without the care or treatment that is the subject of your claim.

If the claim is wholly or partly denied, our notice will include:

1. Reasons for such denial;
2. Reference to specific certificate provisions, rules or guidelines on which the denial was based;
3. A description of the additional information needed to support your claim;
4. Information concerning your right to request that we review our decision; and
5. A description of our review procedures, time limits and notice of your right to bring civil action.

Review Of Denied Claims – For non-urgent claims this request must be in writing and must be received by us no more than 180 days after you receive notice of our claim decision. A request for a review of an urgent claim may be made over the phone. As part of this review, you may:

1. Send us written comments;

2. Review any non-privileged information relating to your claim; or
3. Provide us with other information or proof in support of your claim.

We will review your claim promptly after receiving your request. We will advise you of the results of our review within 60 days after we receive your request, or within 120 days if there are special circumstances that require more time (such as the need to hold a hearing). Our decision will be in writing and will include reference to specific policy provisions, rules or guidelines on which the decision was based, and notice of your right to bring a civil action.

If your appeal arises from our denial of an urgent claim, we will consider your appeal and notify you of our decision within 72 hours.]

Time of Payment of Claims

We will pay benefits due under this Policy for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate.

If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage that we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.

Claimant Cooperation Provision

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), the plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Policy and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this Policy.

We may contract with another entity to perform this function on our behalf.

Payment of Claims to Foreign [Employees]

The [Policyholder] may, in a fiduciary capacity, receive and hold any benefits payable to Covered [Employee]s whose place of employment is other than:

1. the United States and its possessions; or
2. the Dominion of Canada.

We will not be responsible for the application or disposition by the [Policyholder] of any such benefits paid. Our payments to the [Policyholder] will constitute a full discharge of our liability for those payments under this Policy.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

[Additional Coverage with the Company]

We will only pay benefits for a Covered Accident or Covered Sickness under one Group Hospital Indemnity Policy or Certificate if a Covered Person is covered by more than one of our Group Hospital Indemnity Policies or Certificates. A Covered Person may choose which Certificate they wish to keep in force by sending us written notice of their choice.

We will return the premiums paid for any of our other Group Hospital Indemnity Policies or Certificates during the period there was more than one such Policy or Certificate in force.]

Unpaid Premium – When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

ADMINISTRATIVE PROVISIONS

Cancellation

We or the [Policyholder] may cancel this Policy, after the first year as of any Premium Due Date, by giving the other party [31] [45] [60] [90] [120] [180] days advance written notice.

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*. The [Policyholder] has the sole responsibility to notify Covered Person's of such termination

Grace Period

A Policy Grace Period of [31] [60] [90] days will be granted for payment of required premiums due after the first premium, unless:

1. we do not intend to renew the coverage provided by the Certificate beyond the period for which premium has been accepted; and
2. written notice of our intention not to renew is delivered to the [Policyholder] at least [30] [45] [60] [90] [120] [180] days before the premium is due.

This Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The [Policyholder] is liable to us for any unpaid premium for the time this Policy was in force.

An Individual Grace Period of 31 days, applicable when a Covered Person remains eligible under this Policy under *Continuation of Coverage*, will be granted for payment of required premiums. A Covered Person's insurance under this Policy will remain in force during the Grace Period.

We will reduce any benefits payable for any claims incurred during the Grace Period by the amount of premium due. If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates, as set forth in the *Schedule of Benefits* or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the [Policyholder].

Premium Payment

The total premium for this Policy is the sum of premiums paid:

1. by the [Policyholder] for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and
2. by Covered Persons who remain eligible for coverage under the *Continuation of Coverage* provision of this Policy.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

Changes in Premium Rates

We may change the premium rates from time to time with at least [30] [45] [60] [90] days advance written notice to the [Policyholder]. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, we reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
2. the number of Covered Persons eligible for coverage increases or decreases by more than 10% since the latter of the Policy Effective Date and the date of the last renewal of this Policy;
3. coverage is reinstated following failure to pay premium during the Grace Period;
4. acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by 10% or more the number of eligible individuals;
5. a change in the number of eligible individuals which would, on a manual rate basis, require a change of 10% or more in the premium rate;

6. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or
7. the [Policyholder] fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Premium Audit

We will have the right to audit books and records of the [Policyholder] at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium paid.

GENERAL PROVISIONS

Entire Contract; Changes

This Policy, including the [application (if any)][,] [individual enrollment forms (if any)][,] endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

Misstatement of Age

If an age has been misstated on the enrollment form, the Benefits will be those the premium paid would have purchased at the correct age.

Certificates

Where required by law, we will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the [Policyholder] for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the [Policyholder]).

Incontestability

1. Of This Policy

All statements made by the [Policyholder] to obtain this Policy are considered representations and not warranties.

No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the [Policyholder]. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

2. Of A Covered Person's Insurance

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Reporting Requirements

The [Policyholder] or its authorized agent must report all of the following to us by the premium due date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose insurance has terminated;
4. any additional information required by us.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

SCHEDULE OF SURGICAL PROCEDURES

[\$500 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$14
10061	I&D of Abscess, Complex	\$32
19000	Puncture Aspiration of cyst of Breast	\$16
19120	Removal of Breast Lesion	\$92
19180	Mastectomy, Simple	\$154
19240	Removal of Breast	\$230
20550	In Tendon/Ligament/cyst	\$12
20600	Drain/Inject Joint/Bursa	\$12
20605	Drain/Inject Joint/Bursa	\$12
22554	Neck Spine Fusion	\$500

23500	Closed tx, clavicle fracture	\$38
25560	Closed tx, radius fracture	\$72
27230	Closed tx, femur fracture.	\$110
27816	Closed tx, ankle fracture	\$78
28415	Closed tx, humerus fracture	\$244
29580	Application of Paste Boot	\$10
35301	Rechannelling of Artery	\$366
36415	Drawing blood	\$2
36489	Insertion of Catheter, Vein	\$32
36533	Insertion of Access Port	\$118
38562	Removal, Pelvic Lymph Nodes	\$244
38770	Remove Pelvis Lymph Nodes	\$296
38780	Remove Abdomen Lymph Nodes	\$488
44005	Freeing of Bowel Adhesion	\$198
44140	Partial Removal of Colon	\$284
44950	Appendectomy	\$144
44970	Laparoscopy surgical appendectomy	\$144
45378	Diagnostic Colonoscopy	\$84
45560	Repair of Rectocele	\$94
46255	Hemorrhoidectomy, internal and external	\$112
47600	Cholecystectomy	\$260
49000	Exploration of Abdomen	\$174
49320	Laparoscopy, diagnostic	\$124
49505	Repair Inguinal Hernia	\$142
49560	Repair Abdominal Hernia	\$172
50590	Lithotripsy, extracorporeal shock wave	\$332
51840	Bladder repair/vesical neck	\$240
52612	TURP	\$220
55810	Prostatectomy, perineal radical	\$412
57240	Repair Bladder & Vagina	\$136
57280	Suspension of Vagina	\$212
57282	Repair of Vaginal Prolapse	\$212
58150	Total Hysterectomy	\$250
58260	Vaginal Hysterectomy	\$242
58400	Suspension of Uterus	\$164
58600	Division of fallopian tube	\$116
58700	Removal of fallopian tube	\$152
58720	Removal of ovary/tube(s)	\$178
58740	Revise Fallopian Tube(s)	\$186

58750	Repair Oviduct	\$304
58770	Create New Tubal Opening	\$266
58925	Removal of ovarian cyst(s)	\$136
58940	Removal of ovary(s)	\$136
59121	Surgical treat of ectopic preg w/o salpingectomy	\$190
59150	Treat Ectopic Pregnancy	\$190
59400	Obstetrical Care	\$248
59409	Obstetrical Care	\$130
59410	Obstetrical Care	\$144
59510	Cesarean delivery	\$306
59851	Abortion	\$144
61154	Pierce Skull, Remove Clot	\$394
61312	Open Skull for Drainage	\$500
62284	Injection for Myelogram	\$64
63030	Low Back Disk Surgery	\$448
63035	Added Spinal Disk Surgery	\$146
63047	Removal of Spinal Lamina	\$500
63048	Removal of Spinal Lamina	\$176
63075	Neck Spine Disk Surgery	\$462
64721	Carpal Tunnel Surgery	\$144
65855	Laser Surgery of Eye	\$138
66170	Glaucoma Surgery	\$186
66761	Revision of Iris	\$110
66984	Remove Cataract, Insert Lens	\$266
67210	Treatment of Retinal Lesion	\$142
67820	Revise Eyelashes	\$14
67840	Remove Eyelid Lesion	\$36
68761	Close Tear Duct Opening	\$22[

[\$1000 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32
19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308
19240	Removal of Breast	\$460
20550	In Tendon/Ligament/cyst	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488
29580	Application of Paste Boot	\$20
35301	Rechannelling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168
45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344
50590	Lithotripsy, extracorporeal shock wave	\$664
51840	Bladder repair/vesical neck	\$480

52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272
57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424
58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical treat of ectopic preg w/o salpingectomy	\$380
59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care	\$260
59410	Obstetrical Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292
63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220
66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72

68761	Close Tear Duct Opening	\$44]
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[\$1500 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$42
10061	I&D of Abscess, Complex	\$96
19000	Puncture Aspiration of cyst of Breast	\$48
19120	Removal of Breast Lesion	\$276
19180	Mastectomy, Simple	\$462
19240	Removal of Breast	\$690
20550	In Tendon/Ligament/cyst	\$36
20600	Drain/Inject Joint/Bursa	\$36
20605	Drain/Inject Joint/Bursa	\$36
22554	Neck Spine Fusion	\$1,500
23500	Closed tx, clavicle fracture	\$114
25560	Closed tx, radius fracture	\$216
27230	Closed tx, femur fracture.	\$330
27816	Closed tx, ankle fracture	\$234
28415	Closed tx, humerus fracture	\$732
29580	Application of Paste Boot	\$30
35301	Rechannelling of Artery	\$1,098
36415	Drawing blood	\$6
36489	Insertion of Catheter, Vein	\$96
36533	Insertion of Access Port	\$354
38562	Removal, Pelvic Lymph Nodes	\$732
38770	Remove Pelvis Lymph Nodes	\$888
38780	Remove Abdomen Lymph Nodes	\$1,464
44005	Freeing of Bowel Adhesion	\$594
44140	Partial Removal of Colon	\$852
44950	Appendectomy	\$432
44970	Laparoscopy surgical appendectomy	\$432
45378	Diagnostic Colonoscopy	\$252
45560	Repair of Rectocele	\$282
46255	Hemorrhoidectomy, internal and external	\$336
47600	Cholecystectomy	\$780
49000	Exploration of Abdomen	\$522
49320	Laparoscopy, diagnostic	\$372
49505	Repair Inguinal Hernia	\$426
49560	Repair Abdominal Hernia	\$516
50590	Lithotripsy, extracorporeal shock wave	\$996
51840	Bladder repair/vesical neck	\$720

52612	TURP	\$660
55810	Prostatectomy, perineal radical	\$1,236
57240	Repair Bladder & Vagina	\$408
57280	Suspension of Vagina	\$636
57282	Repair of Vaginal Prolapse	\$636
58150	Total Hysterectomy	\$750
58260	Vaginal Hysterectomy	\$726
58400	Suspension of Uterus	\$492
58600	Division of fallopian tube	\$348
58700	Removal of fallopian tube	\$456
58720	Removal of ovary/tube(s)	\$534
58740	Revise Fallopian Tube(s)	\$558
58750	Repair Oviduct	\$912
58770	Create New Tubal Opening	\$798
58925	Removal of ovarian cyst(s)	\$408
58940	Removal of ovary(s)	\$408
59121	Surgical treat of ectopic preg w/o salpingectomy	\$570
59150	Treat Ectopic Pregnancy	\$570
59400	Obstetrical Care	\$744
59409	Obstetrical Care	\$390
59410	Obstetrical Care	\$432
59510	Cesarean delivery	\$918
59851	Abortion	\$432
61154	Pierce Skull, Remove Clot	\$1,182
61312	Open Skull for Drainage	\$1,500
62284	Injection for Myelogram	\$192
63030	Low Back Disk Surgery	\$1,344
63035	Added Spinal Disk Surgery	\$438
63047	Removal of Spinal Lamina	\$1,500
63048	Removal of Spinal Lamina	\$528
63075	Neck Spine Disk Surgery	\$1,386
64721	Carpal Tunnel Surgery	\$432
65855	Laser Surgery of Eye	\$414
66170	Glaucoma Surgery	\$558
66761	Revision of Iris	\$330
66984	Remove Cataract, Insert Lens	\$798
67210	Treatment of Retinal Lesion	\$426
67820	Revise Eyelashes	\$42
67840	Remove Eyelid Lesion	\$108

68761	Close Tear Duct Opening	\$66]
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[\$2000 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$56
10061	I&D of Abscess, Complex	\$128
19000	Puncture Aspiration of cyst of Breast	\$64
19120	Removal of Breast Lesion	\$368
19180	Mastectomy, Simple	\$616
19240	Removal of Breast	\$920
20550	In Tendon/Ligament/cyst	\$48
20600	Drain/Inject Joint/Bursa	\$48
20605	Drain/Inject Joint/Bursa	\$48
22554	Neck Spine Fusion	\$2,000
23500	Closed tx, clavicle fracture	\$152
25560	Closed tx, radius fracture	\$288
27230	Closed tx, femur fracture.	\$440
27816	Closed tx, ankle fracture	\$312
28415	Closed tx, humerus fracture	\$976
29580	Application of Paste Boot	\$40
35301	Rechannelling of Artery	\$1,464
36415	Drawing blood	\$8
36489	Insertion of Catheter, Vein	\$128
36533	Insertion of Access Port	\$472
38562	Removal, Pelvic Lymph Nodes	\$976
38770	Remove Pelvis Lymph Nodes	\$1,184
38780	Remove Abdomen Lymph Nodes	\$1,952
44005	Freeing of Bowel Adhesion	\$792
44140	Partial Removal of Colon	\$1,136
44950	Appendectomy	\$576
44970	Laparoscopy surgical appendectomy	\$576
45378	Diagnostic Colonoscopy	\$336
45560	Repair of Rectocele	\$376
46255	Hemorrhoidectomy, internal and external	\$448
47600	Cholecystectomy	\$1,040
49000	Exploration of Abdomen	\$696
49320	Laparoscopy, diagnostic	\$496
49505	Repair Inguinal Hernia	\$568
49560	Repair Abdominal Hernia	\$688
50590	Lithotripsy, extracorporeal shock wave	\$1,328
51840	Bladder repair/vesical neck	\$960

52612	TURP	\$880
55810	Prostatectomy, perineal radical	\$1,648
57240	Repair Bladder & Vagina	\$544
57280	Suspension of Vagina	\$848
57282	Repair of Vaginal Prolapse	\$848
58150	Total Hysterectomy	\$1,000
58260	Vaginal Hysterectomy	\$968
58400	Suspension of Uterus	\$656
58600	Division of fallopian tube	\$464
58700	Removal of fallopian tube	\$608
58720	Removal of ovary/tube(s)	\$712
58740	Revise Fallopian Tube(s)	\$744
58750	Repair Oviduct	\$1,216
58770	Create New Tubal Opening	\$1,064
58925	Removal of ovarian cyst(s)	\$544
58940	Removal of ovary(s)	\$544
59121	Surgical treat of ectopic preg w/o salpingectomy	\$760
59150	Treat Ectopic Pregnancy	\$760
59400	Obstetrical Care	\$992
59409	Obstetrical Care	\$520
59410	Obstetrical Care	\$576
59510	Cesarean delivery	\$1,224
59851	Abortion	\$576
61154	Pierce Skull, Remove Clot	\$1,576
61312	Open Skull for Drainage	\$2,000
62284	Injection for Myelogram	\$256
63030	Low Back Disk Surgery	\$1,792
63035	Added Spinal Disk Surgery	\$584
63047	Removal of Spinal Lamina	\$2,000
63048	Removal of Spinal Lamina	\$704
63075	Neck Spine Disk Surgery	\$1,848
64721	Carpal Tunnel Surgery	\$576
65855	Laser Surgery of Eye	\$552
66170	Glaucoma Surgery	\$744
66761	Revision of Iris	\$440
66984	Remove Cataract, Insert Lens	\$1,064
67210	Treatment of Retinal Lesion	\$568
67820	Revise Eyelashes	\$56
67840	Remove Eyelid Lesion	\$144

68761	Close Tear Duct Opening	\$88]
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[\$2500 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$70
10061	I&D of Abscess, Complex	\$160
19000	Puncture Aspiration of cyst of Breast	\$80
19120	Removal of Breast Lesion	\$460
19180	Mastectomy, Simple	\$770
19240	Removal of Breast	\$1,150
20550	In Tendon/Ligament/cyst	\$60
20600	Drain/Inject Joint/Bursa	\$60
20605	Drain/Inject Joint/Bursa	\$60
22554	Neck Spine Fusion	\$2,500
23500	Closed tx, clavicle fracture	\$190
25560	Closed tx, radius fracture	\$360
27230	Closed tx, femur fracture.	\$550
27816	Closed tx, ankle fracture	\$390
28415	Closed tx, humerus fracture	\$1,220
29580	Application of Paste Boot	\$50
35301	Rechannelling of Artery	\$1,830
36415	Drawing blood	\$10
36489	Insertion of Catheter, Vein	\$160
36533	Insertion of Access Port	\$590
38562	Removal, Pelvic Lymph Nodes	\$1,220
38770	Remove Pelvis Lymph Nodes	\$1,480
38780	Remove Abdomen Lymph Nodes	\$2,440
44005	Freeing of Bowel Adhesion	\$990
44140	Partial Removal of Colon	\$1,420
44950	Appendectomy	\$720
44970	Laparoscopy surgical appendectomy	\$720
45378	Diagnostic Colonoscopy	\$420
45560	Repair of Rectocele	\$470
46255	Hemorrhoidectomy, internal and external	\$560
47600	Cholecystectomy	\$1,300
49000	Exploration of Abdomen	\$870
49320	Laparoscopy, diagnostic	\$620
49505	Repair Inguinal Hernia	\$710
49560	Repair Abdominal Hernia	\$860
50590	Lithotripsy, extracorporeal shock wave	\$1,660
51840	Bladder repair/vesical neck	\$1,200

52612	TURP	\$1,100
55810	Prostatectomy, perineal radical	\$2,060
57240	Repair Bladder & Vagina	\$680
57280	Suspension of Vagina	\$1,060
57282	Repair of Vaginal Prolapse	\$1,060
58150	Total Hysterectomy	\$1,250
58260	Vaginal Hysterectomy	\$1,210
58400	Suspension of Uterus	\$820
58600	Division of fallopian tube	\$580
58700	Removal of fallopian tube	\$760
58720	Removal of ovary/tube(s)	\$890
58740	Revise Fallopian Tube(s)	\$930
58750	Repair Oviduct	\$1,520
58770	Create New Tubal Opening	\$1,330
58925	Removal of ovarian cyst(s)	\$680
58940	Removal of ovary(s)	\$680
59121	Surgical treat of ectopic preg w/o salpingectomy	\$950
59150	Treat Ectopic Pregnancy	\$950
59400	Obstetrical Care	\$1,240
59409	Obstetrical Care	\$650
59410	Obstetrical Care	\$720
59510	Cesarean delivery	\$1,530
59851	Abortion	\$720
61154	Pierce Skull, Remove Clot	\$1,970
61312	Open Skull for Drainage	\$2,500
62284	Injection for Myelogram	\$320
63030	Low Back Disk Surgery	\$2,240
63035	Added Spinal Disk Surgery	\$730
63047	Removal of Spinal Lamina	\$2,500
63048	Removal of Spinal Lamina	\$880
63075	Neck Spine Disk Surgery	\$2,310
64721	Carpal Tunnel Surgery	\$720
65855	Laser Surgery of Eye	\$690
66170	Glaucoma Surgery	\$930
66761	Revision of Iris	\$550
66984	Remove Cataract, Insert Lens	\$1,330
67210	Treatment of Retinal Lesion	\$710
67820	Revise Eyelashes	\$70
67840	Remove Eyelid Lesion	\$180

68761 Close Tear Duct Opening

\$110]

[\$3000 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$84
10061	I&D of Abscess, Complex	\$192
19000	Puncture Aspiration of cyst of Breast	\$96
19120	Removal of Breast Lesion	\$552
19180	Mastectomy, Simple	\$924
19240	Removal of Breast	\$1,380
20550	In Tendon/Ligament/cyst	\$72
20600	Drain/Inject Joint/Bursa	\$72
20605	Drain/Inject Joint/Bursa	\$72
22554	Neck Spine Fusion	\$3,000
23500	Closed tx, clavicle fracture	\$228
25560	Closed tx, radius fracture	\$432
27230	Closed tx, femur fracture.	\$660
27816	Closed tx, ankle fracture	\$468
28415	Closed tx, humerus fracture	\$1,464
29580	Application of Paste Boot	\$60
35301	Rechannelling of Artery	\$2,196
36415	Drawing blood	\$12
36489	Insertion of Catheter, Vein	\$192
36533	Insertion of Access Port	\$708
38562	Removal, Pelvic Lymph Nodes	\$1,464
38770	Remove Pelvis Lymph Nodes	\$1,776
38780	Remove Abdomen Lymph Nodes	\$2,928
44005	Freeing of Bowel Adhesion	\$1,188
44140	Partial Removal of Colon	\$1,704
44950	Appendectomy	\$864
44970	Laparoscopy surgical appendectomy	\$864
45378	Diagnostic Colonoscopy	\$504
45560	Repair of Rectocele	\$564
46255	Hemorrhoidectomy, internal and external	\$672
47600	Cholecystectomy	\$1,560
49000	Exploration of Abdomen	\$1,044
49320	Laparoscopy, diagnostic	\$744
49505	Repair Inguinal Hernia	\$852
49560	Repair Abdominal Hernia	\$1,032
50590	Lithotripsy, extracorporeal shock wave	\$1,992
51840	Bladder repair/vesical neck	\$1,440

52612	TURP	\$1,320
55810	Prostatectomy, perineal radical	\$2,472
57240	Repair Bladder & Vagina	\$816
57280	Suspension of Vagina	\$1,272
57282	Repair of Vaginal Prolapse	\$1,272
58150	Total Hysterectomy	\$1,500
58260	Vaginal Hysterectomy	\$1,452
58400	Suspension of Uterus	\$984
58600	Division of fallopian tube	\$696
58700	Removal of fallopian tube	\$912
58720	Removal of ovary/tube(s)	\$1,068
58740	Revise Fallopian Tube(s)	\$1,116
58750	Repair Oviduct	\$1,824
58770	Create New Tubal Opening	\$1,596
58925	Removal of ovarian cyst(s)	\$816
58940	Removal of ovary(s)	\$816
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,140
59150	Treat Ectopic Pregnancy	\$1,140
59400	Obstetrical Care	\$1,488
59409	Obstetrical Care	\$780
59410	Obstetrical Care	\$864
59510	Cesarean delivery	\$1,836
59851	Abortion	\$864
61154	Pierce Skull, Remove Clot	\$2,364
61312	Open Skull for Drainage	\$3,000
62284	Injection for Myelogram	\$384
63030	Low Back Disk Surgery	\$2,688
63035	Added Spinal Disk Surgery	\$876
63047	Removal of Spinal Lamina	\$3,000
63048	Removal of Spinal Lamina	\$1,056
63075	Neck Spine Disk Surgery	\$2,772
64721	Carpal Tunnel Surgery	\$864
65855	Laser Surgery of Eye	\$828
66170	Glaucoma Surgery	\$1,116
66761	Revision of Iris	\$660
66984	Remove Cataract, Insert Lens	\$1,596
67210	Treatment of Retinal Lesion	\$852
67820	Revise Eyelashes	\$84
67840	Remove Eyelid Lesion	\$216

68761	Close Tear Duct Opening	\$132]
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[\$3500 Option]

[CPT-4

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$98
10061	I&D of Abscess, Complex	\$224
19000	Puncture Aspiration of cyst of Breast	\$112
19120	Removal of Breast Lesion	\$644
19180	Mastectomy, Simple	\$1,078
19240	Removal of Breast	\$1,610
20550	In Tendon/Ligament/cyst	\$84
20600	Drain/Inject Joint/Bursa	\$84
20605	Drain/Inject Joint/Bursa	\$84
22554	Neck Spine Fusion	\$3,500
23500	Closed tx, clavicle fracture	\$266
25560	Closed tx, radius fracture	\$504
27230	Closed tx, femur fracture.	\$770
27816	Closed tx, ankle fracture	\$546
28415	Closed tx, humerus fracture	\$1,708
29580	Application of Paste Boot	\$70
35301	Rechannelling of Artery	\$2,562
36415	Drawing blood	\$14
36489	Insertion of Catheter, Vein	\$224
36533	Insertion of Access Port	\$826
38562	Removal, Pelvic Lymph Nodes	\$1,708
38770	Remove Pelvis Lymph Nodes	\$2,072
38780	Remove Abdomen Lymph Nodes	\$3,416
44005	Freeing of Bowel Adhesion	\$1,386
44140	Partial Removal of Colon	\$1,988
44950	Appendectomy	\$1,008
44970	Laparoscopy surgical appendectomy	\$1,008
45378	Diagnostic Colonoscopy	\$588
45560	Repair of Rectocele	\$658
46255	Hemorrhoidectomy, internal and external	\$784
47600	Cholecystectomy	\$1,820
49000	Exploration of Abdomen	\$1,218
49320	Laparoscopy, diagnostic	\$868
49505	Repair Inguinal Hernia	\$994
49560	Repair Abdominal Hernia	\$1,204
50590	Lithotripsy, extracorporeal shock wave	\$2,324
51840	Bladder repair/vesical neck	\$1,680

52612	TURP	\$1,540
55810	Prostatectomy, perineal radical	\$2,884
57240	Repair Bladder & Vagina	\$952
57280	Suspension of Vagina	\$1,484
57282	Repair of Vaginal Prolapse	\$1,484
58150	Total Hysterectomy	\$1,750
58260	Vaginal Hysterectomy	\$1,694
58400	Suspension of Uterus	\$1,148
58600	Division of fallopian tube	\$812
58700	Removal of fallopian tube	\$1,064
58720	Removal of ovary/tube(s)	\$1,246
58740	Revise Fallopian Tube(s)	\$1,302
58750	Repair Oviduct	\$2,128
58770	Create New Tubal Opening	\$1,862
58925	Removal of ovarian cyst(s)	\$952
58940	Removal of ovary(s)	\$952
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,330
59150	Treat Ectopic Pregnancy	\$1,330
59400	Obstetrical Care	\$1,736
59409	Obstetrical Care	\$910
59410	Obstetrical Care	\$1,008
59510	Cesarean delivery	\$2,142
59851	Abortion	\$1,008
61154	Pierce Skull, Remove Clot	\$2,758
61312	Open Skull for Drainage	\$3,500
62284	Injection for Myelogram	\$448
63030	Low Back Disk Surgery	\$3,136
63035	Added Spinal Disk Surgery	\$1,022
63047	Removal of Spinal Lamina	\$3,500
63048	Removal of Spinal Lamina	\$1,232
63075	Neck Spine Disk Surgery	\$3,234
64721	Carpal Tunnel Surgery	\$1,008
65855	Laser Surgery of Eye	\$966
66170	Glaucoma Surgery	\$1,302
66761	Revision of Iris	\$770
66984	Remove Cataract, Insert Lens	\$1,862
67210	Treatment of Retinal Lesion	\$994
67820	Revise Eyelashes	\$98
67840	Remove Eyelid Lesion	\$252

68761	Close Tear Duct Opening	\$154]
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[\$4000 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$112
10061	I&D of Abscess, Complex	\$256
19000	Puncture Aspiration of cyst of Breast	\$128
19120	Removal of Breast Lesion	\$736
19180	Mastectomy, Simple	\$1,232
19240	Removal of Breast	\$1,840
20550	In Tendon/Ligament/cyst	\$96
20600	Drain/Inject Joint/Bursa	\$96
20605	Drain/Inject Joint/Bursa	\$96
22554	Neck Spine Fusion	\$4,000
23500	Closed tx, clavicle fracture	\$304
25560	Closed tx, radius fracture	\$576
27230	Closed tx, femur fracture.	\$880
27816	Closed tx, ankle fracture	\$624
28415	Closed tx, humerus fracture	\$1,952
29580	Application of Paste Boot	\$80
35301	Rechanneling of Artery	\$2,928
36415	Drawing blood	\$16
36489	Insertion of Catheter, Vein	\$256
36533	Insertion of Access Port	\$944
38562	Removal, Pelvic Lymph Nodes	\$1,952
38770	Remove Pelvis Lymph Nodes	\$2,368
38780	Remove Abdomen Lymph Nodes	\$3,904
44005	Freeing of Bowel Adhesion	\$1,584
44140	Partial Removal of Colon	\$2,272
44950	Appendectomy	\$1,152
44970	Laparoscopy surgical appendectomy	\$1,152
45378	Diagnostic Colonoscopy	\$672
45560	Repair of Rectocele	\$752
46255	Hemorrhoidectomy, internal and external	\$896
47600	Cholecystectomy	\$2,080
49000	Exploration of Abdomen	\$1,392
49320	Laparoscopy, diagnostic	\$992
49505	Repair Inguinal Hernia	\$1,136
49560	Repair Abdominal Hernia	\$1,376
50590	Lithotripsy, extracorporeal shock wave	\$2,656
51840	Bladder repair/vesical neck	\$1,920

52612	TURP	\$1,760
55810	Prostatectomy, perineal radical	\$3,296
57240	Repair Bladder & Vagina	\$1,088
57280	Suspension of Vagina	\$1,696
57282	Repair of Vaginal Prolapse	\$1,696
58150	Total Hysterectomy	\$2,000
58260	Vaginal Hysterectomy	\$1,936
58400	Suspension of Uterus	\$1,312
58600	Division of fallopian tube	\$928
58700	Removal of fallopian tube	\$1,216
58720	Removal of ovary/tube(s)	\$1,424
58740	Revise Fallopian Tube(s)	\$1,488
58750	Repair Oviduct	\$2,432
58770	Create New Tubal Opening	\$2,128
58925	Removal of ovarian cyst(s)	\$1,088
58940	Removal of ovary(s)	\$1,088
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,520
59150	Treat Ectopic Pregnancy	\$1,520
59400	Obstetrical Care	\$1,984
59409	Obstetrical Care	\$1,040
59410	Obstetrical Care	\$1,152
59510	Cesarean delivery	\$2,448
59851	Abortion	\$1,152
61154	Pierce Skull, Remove Clot	\$3,152
61312	Open Skull for Drainage	\$4,000
62284	Injection for Myelogram	\$512
63030	Low Back Disk Surgery	\$3,584
63035	Added Spinal Disk Surgery	\$1,168
63047	Removal of Spinal Lamina	\$4,000
63048	Removal of Spinal Lamina	\$1,408
63075	Neck Spine Disk Surgery	\$3,696
64721	Carpal Tunnel Surgery	\$1,152
65855	Laser Surgery of Eye	\$1,104
66170	Glaucoma Surgery	\$1,488
66761	Revision of Iris	\$880
66984	Remove Cataract, Insert Lens	\$2,128
67210	Treatment of Retinal Lesion	\$1,136
67820	Revise Eyelashes	\$112
67840	Remove Eyelid Lesion	\$288

68761	Close Tear Duct Opening	\$176]
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[\$4500 Option]

[CPT-4

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$126
10061	I&D of Abscess, Complex	\$288
19000	Puncture Aspiration of cyst of Breast	\$144
19120	Removal of Breast Lesion	\$828
19180	Mastectomy, Simple	\$1,386
19240	Removal of Breast	\$2,070
20550	In Tendon/Ligament/cyst	\$108
20600	Drain/Inject Joint/Bursa	\$108
20605	Drain/Inject Joint/Bursa	\$108
22554	Neck Spine Fusion	\$4,500
23500	Closed tx, clavicle fracture	\$342
25560	Closed tx, radius fracture	\$648
27230	Closed tx, femur fracture.	\$990
27816	Closed tx, ankle fracture	\$702
28415	Closed tx, humerus fracture	\$2,196
29580	Application of Paste Boot	\$90
35301	Rechannelling of Artery	\$3,294
36415	Drawing blood	\$18
36489	Insertion of Catheter, Vein	\$288
36533	Insertion of Access Port	\$1,062
38562	Removal, Pelvic Lymph Nodes	\$2,196
38770	Remove Pelvis Lymph Nodes	\$2,664
38780	Remove Abdomen Lymph Nodes	\$4,392
44005	Freeing of Bowel Adhesion	\$1,782
44140	Partial Removal of Colon	\$2,556
44950	Appendectomy	\$1,296
44970	Laparoscopy surgical appendectomy	\$1,296
45378	Diagnostic Colonoscopy	\$756
45560	Repair of Rectocele	\$846
46255	Hemorrhoidectomy, internal and external	\$1,008
47600	Cholecystectomy	\$2,340
49000	Exploration of Abdomen	\$1,566
49320	Laparoscopy, diagnostic	\$1,116
49505	Repair Inguinal Hernia	\$1,278
49560	Repair Abdominal Hernia	\$1,548
50590	Lithotripsy, extracorporeal shock wave	\$2,988
51840	Bladder repair/vesical neck	\$2,160

52612	TURP	\$1,980
55810	Prostatectomy, perineal radical	\$3,708
57240	Repair Bladder & Vagina	\$1,224
57280	Suspension of Vagina	\$1,908
57282	Repair of Vaginal Prolapse	\$1,908
58150	Total Hysterectomy	\$2,250
58260	Vaginal Hysterectomy	\$2,178
58400	Suspension of Uterus	\$1,476
58600	Division of fallopian tube	\$1,044
58700	Removal of fallopian tube	\$1,368
58720	Removal of ovary/tube(s)	\$1,602
58740	Revise Fallopian Tube(s)	\$1,674
58750	Repair Oviduct	\$2,736
58770	Create New Tubal Opening	\$2,394
58925	Removal of ovarian cyst(s)	\$1,224
58940	Removal of ovary(s)	\$1,224
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,710
59150	Treat Ectopic Pregnancy	\$1,710
59400	Obstetrical Care	\$2,232
59409	Obstetrical Care	\$1,170
59410	Obstetrical Care	\$1,296
59510	Cesarean delivery	\$2,754
59851	Abortion	\$1,296
61154	Pierce Skull, Remove Clot	\$3,546
61312	Open Skull for Drainage	\$4,500
62284	Injection for Myelogram	\$576
63030	Low Back Disk Surgery	\$4,032
63035	Added Spinal Disk Surgery	\$1,314
63047	Removal of Spinal Lamina	\$4,500
63048	Removal of Spinal Lamina	\$1,584
63075	Neck Spine Disk Surgery	\$4,158
64721	Carpal Tunnel Surgery	\$1,296
65855	Laser Surgery of Eye	\$1,242
66170	Glaucoma Surgery	\$1,674
66761	Revision of Iris	\$990
66984	Remove Cataract, Insert Lens	\$2,394
67210	Treatment of Retinal Lesion	\$1,278
67820	Revise Eyelashes	\$126
67840	Remove Eyelid Lesion	\$324

68761	Close Tear Duct Opening	\$198]
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[\$5000 Option]

[CPT-4

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$140
10061	I&D of Abscess, Complex	\$320
19000	Puncture Aspiration of cyst of Breast	\$160
19120	Removal of Breast Lesion	\$920
19180	Mastectomy, Simple	\$1,540
19240	Removal of Breast	\$2,300
20550	In Tendon/Ligament/cyst	\$120
20600	Drain/Inject Joint/Bursa	\$120
20605	Drain/Inject Joint/Bursa	\$120
22554	Neck Spine Fusion	\$5,000
23500	Closed tx, clavicle fracture	\$380
25560	Closed tx, radius fracture	\$720
27230	Closed tx, femur fracture.	\$1,100
27816	Closed tx, ankle fracture	\$780
28415	Closed tx, humerus fracture	\$2,440
29580	Application of Paste Boot	\$100
35301	Rechanneling of Artery	\$3,660
36415	Drawing blood	\$20
36489	Insertion of Catheter, Vein	\$320
36533	Insertion of Access Port	\$1,180
38562	Removal, Pelvic Lymph Nodes	\$2,440
38770	Remove Pelvis Lymph Nodes	\$2,960
38780	Remove Abdomen Lymph Nodes	\$4,880
44005	Freeing of Bowel Adhesion	\$1,980
44140	Partial Removal of Colon	\$2,840
44950	Appendectomy	\$1,440
44970	Laparoscopy surgical appendectomy	\$1,440
45378	Diagnostic Colonoscopy	\$840
45560	Repair of Rectocele	\$940
46255	Hemorrhoidectomy, internal and external	\$1,120
47600	Cholecystectomy	\$2,600
49000	Exploration of Abdomen	\$1,740
49320	Laparoscopy, diagnostic	\$1,240
49505	Repair Inguinal Hernia	\$1,420
49560	Repair Abdominal Hernia	\$1,720
50590	Lithotripsy, extracorporeal shock wave	\$3,320
51840	Bladder repair/vesical neck	\$2,400

52612	TURP	\$2,200
55810	Prostatectomy, perineal radical	\$4,120
57240	Repair Bladder & Vagina	\$1,360
57280	Suspension of Vagina	\$2,120
57282	Repair of Vaginal Prolapse	\$2,120
58150	Total Hysterectomy	\$2,500
58260	Vaginal Hysterectomy	\$2,420
58400	Suspension of Uterus	\$1,640
58600	Division of fallopian tube	\$1,160
58700	Removal of fallopian tube	\$1,520
58720	Removal of ovary/tube(s)	\$1,780
58740	Revise Fallopian Tube(s)	\$1,860
58750	Repair Oviduct	\$3,040
58770	Create New Tubal Opening	\$2,660
58925	Removal of ovarian cyst(s)	\$1,360
58940	Removal of ovary(s)	\$1,360
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,900
59150	Treat Ectopic Pregnancy	\$1,900
59400	Obstetrical Care	\$2,480
59409	Obstetrical Care	\$1,300
59410	Obstetrical Care	\$1,440
59510	Cesarean delivery	\$3,060
59851	Abortion	\$1,440
61154	Pierce Skull, Remove Clot	\$3,940
61312	Open Skull for Drainage	\$5,000
62284	Injection for Myelogram	\$640
63030	Low Back Disk Surgery	\$4,480
63035	Added Spinal Disk Surgery	\$1,460
63047	Removal of Spinal Lamina	\$5,000
63048	Removal of Spinal Lamina	\$1,760
63075	Neck Spine Disk Surgery	\$4,620
64721	Carpal Tunnel Surgery	\$1,440
65855	Laser Surgery of Eye	\$1,380
66170	Glaucoma Surgery	\$1,860
66761	Revision of Iris	\$1,100
66984	Remove Cataract, Insert Lens	\$2,660
67210	Treatment of Retinal Lesion	\$1,420
67820	Revise Eyelashes	\$140
67840	Remove Eyelid Lesion	\$360

68761	Close Tear Duct Opening	\$220]
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[\$5,500 Option]

[CPT-4 Codes]	Procedure	Amount
10060	I&D of Abscess, Simple	\$154
10061	I&D of Abscess, Complex	\$352
19000	Puncture Aspiration of cyst of Breast	\$176
19120	Removal of Breast Lesion	\$1,012
19180	Mastectomy, Simple	\$1,694
19240	Removal of Breast	\$2,530
20550	In Tendon/Ligament/cyst	\$132
20600	Drain/Inject Joint/Bursa	\$132
20605	Drain/Inject Joint/Bursa	\$132
22554	Neck Spine Fusion	\$5,500
23500	Closed tx, clavicle fracture	\$418
25560	Closed tx, radius fracture	\$792
27230	Closed tx, femur fracture.	\$1,210
27816	Closed tx, ankle fracture	\$858
28415	Closed tx, humerus fracture	\$2,684
29580	Application of Paste Boot	\$110
35301	Rechannelling of Artery	\$4,026
36415	Drawing blood	\$22
36489	Insertion of Catheter, Vein	\$352
36533	Insertion of Access Port	\$1,298
38562	Removal, Pelvic Lymph Nodes	\$2,684
38770	Remove Pelvis Lymph Nodes	\$3,256
38780	Remove Abdomen Lymph Nodes	\$5,368
44005	Freeing of Bowel Adhesion	\$2,178
44140	Partial Removal of Colon	\$3,124
44950	Appendectomy	\$1,584
44970	Laparoscopy surgical appendectomy	\$1,584
45378	Diagnostic Colonoscopy	\$924
45560	Repair of Rectocele	\$1,034
46255	Hemorrhoidectomy, internal and external	\$1,232
47600	Cholecystectomy	\$2,860
49000	Exploration of Abdomen	\$1,914
49320	Laparoscopy, diagnostic	\$1,364
49505	Repair Inguinal Hernia	\$1,562
49560	Repair Abdominal Hernia	\$1,892
50590	Lithotripsy, extracorporeal shock wave	\$3,652
51840	Bladder repair/vesical neck	\$2,640

52612	TURP	\$2,420
55810	Prostatectomy, perineal radical	\$4,532
57240	Repair Bladder & Vagina	\$1,496
57280	Suspension of Vagina	\$2,332
57282	Repair of Vaginal Prolapse	\$2,332
58150	Total Hysterectomy	\$2,750
58260	Vaginal Hysterectomy	\$2,662
58400	Suspension of Uterus	\$1,804
58600	Division of fallopian tube	\$1,276
58700	Removal of fallopian tube	\$1,672
58720	Removal of ovary/tube(s)	\$1,958
58740	Revise Fallopian Tube(s)	\$2,046
58750	Repair Oviduct	\$3,344
58770	Create New Tubal Opening	\$2,926
58925	Removal of ovarian cyst(s)	\$1,496
58940	Removal of ovary(s)	\$1,496
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,090
59150	Treat Ectopic Pregnancy	\$2,090
59400	Obstetrical Care	\$2,728
59409	Obstetrical Care	\$1,430
59410	Obstetrical Care	\$1,584
59510	Cesarean delivery	\$3,366
59851	Abortion	\$1,584
61154	Pierce Skull, Remove Clot	\$4,334
61312	Open Skull for Drainage	\$5,500
62284	Injection for Myelogram	\$704
63030	Low Back Disk Surgery	\$4,928
63035	Added Spinal Disk Surgery	\$1,606
63047	Removal of Spinal Lamina	\$5,500
63048	Removal of Spinal Lamina	\$1,936
63075	Neck Spine Disk Surgery	\$5,082
64721	Carpal Tunnel Surgery	\$1,584
65855	Laser Surgery of Eye	\$1,518
66170	Glaucoma Surgery	\$2,046
66761	Revision of Iris	\$1,210
66821	After Cataract Laser Surgery	\$1,122
66984	Remove Cataract, Insert Lens	\$2,926
67210	Treatment of Retinal Lesion	\$1,562
67228	Treatment of Retinal Lesion	\$1,672

67820	Revise Eyelashes	\$154
67840	Remove Eyelid Lesion	\$396
68761	Close Tear Duct Opening	\$242]

[\$6,000 Option]

[CPT-4 Codes]	Procedure	Amount
10060	I&D of Abscess, Simple	\$168
10061	I&D of Abscess, Complex	\$384
19000	Puncture Aspiration of cyst of Breast	\$192
19120	Removal of Breast Lesion	\$1,104
19180	Mastectomy, Simple	\$1,848
19240	Removal of Breast	\$2,760
20550	In Tendon/Ligament/cyst	\$144
20600	Drain/Inject Joint/Bursa	\$144
20605	Drain/Inject Joint/Bursa	\$144
22554	Neck Spine Fusion	\$6,000
23500	Closed tx, clavicle fracture	\$456
25560	Closed tx, radius fracture	\$864
27230	Closed tx, femur fracture.	\$1,320
27816	Closed tx, ankle fracture	\$936
28415	Closed tx, humerus fracture	\$2,928
29580	Application of Paste Boot	\$120
35301	Rechannelling of Artery	\$4,392
36415	Drawing blood	\$24
36489	Insertion of Catheter, Vein	\$384
36533	Insertion of Access Port	\$1,416
38562	Removal, Pelvic Lymph Nodes	\$2,928
38770	Remove Pelvis Lymph Nodes	\$3,552
38780	Remove Abdomen Lymph Nodes	\$5,856
44005	Freeing of Bowel Adhesion	\$2,376
44140	Partial Removal of Colon	\$3,408
44950	Appendectomy	\$1,728
44970	Laparoscopy surgical appendectomy	\$1,728
45378	Diagnostic Colonoscopy	\$1,008
45560	Repair of Rectocele	\$1,128
46255	Hemorrhoidectomy, internal and external	\$1,344
47600	Cholecystectomy	\$3,120
49000	Exploration of Abdomen	\$2,088
49320	Laparoscopy, diagnostic	\$1,488
49505	Repair Inguinal Hernia	\$1,704
49560	Repair Abdominal Hernia	\$2,064
50590	Lithotripsy, extracorporeal shock wave	\$3,984
51840	Bladder repair/vesical neck	\$2,880

52612	TURP	\$2,640
55810	Prostatectomy, perineal radical	\$4,944
57240	Repair Bladder & Vagina	\$1,632
57280	Suspension of Vagina	\$2,544
57282	Repair of Vaginal Prolapse	\$2,544
58150	Total Hysterectomy	\$3,000
58260	Vaginal Hysterectomy	\$2,904
58400	Suspension of Uterus	\$1,968
58600	Division of fallopian tube	\$1,392
58700	Removal of fallopian tube	\$1,824
58720	Removal of ovary/tube(s)	\$2,136
58740	Revise Fallopian Tube(s)	\$2,232
58750	Repair Oviduct	\$3,648
58770	Create New Tubal Opening	\$3,192
58925	Removal of ovarian cyst(s)	\$1,632
58940	Removal of ovary(s)	\$1,632
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,280
59150	Treat Ectopic Pregnancy	\$2,280
59400	Obstetrical Care	\$2,976
59409	Obstetrical Care	\$1,560
59410	Obstetrical Care	\$1,728
59510	Cesarean delivery	\$3,672
59851	Abortion	\$1,728
61154	Pierce Skull, Remove Clot	\$4,728
61312	Open Skull for Drainage	\$6,000
62284	Injection for Myelogram	\$768
63030	Low Back Disk Surgery	\$5,376
63035	Added Spinal Disk Surgery	\$1,752
63047	Removal of Spinal Lamina	\$6,000
63048	Removal of Spinal Lamina	\$2,112
63075	Neck Spine Disk Surgery	\$5,544
64721	Carpal Tunnel Surgery	\$1,728
65855	Laser Surgery of Eye	\$1,656
66170	Glaucoma Surgery	\$2,232
66761	Revision of Iris	\$1,320
66821	After Cataract Laser Surgery	\$1,224
66984	Remove Cataract, Insert Lens	\$3,192
67210	Treatment of Retinal Lesion	\$1,704
67228	Treatment of Retinal Lesion	\$1,824

67820	Revise Eyelashes	\$168
67840	Remove Eyelid Lesion	\$432
68761	Close Tear Duct Opening	\$264]

[\$6,500 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$182
10061	I&D of Abscess, Complex	\$416
19000	Puncture Aspiration of cyst of Breast	\$208
19120	Removal of Breast Lesion	\$1,196
19180	Mastectomy, Simple	\$2,002
19240	Removal of Breast	\$2,990
20550	In Tendon/Ligament/cyst	\$156
20600	Drain/Inject Joint/Bursa	\$156
20605	Drain/Inject Joint/Bursa	\$156
22554	Neck Spine Fusion	\$6,500
23500	Closed tx, clavicle fracture	\$494
25560	Closed tx, radius fracture	\$936
27230	Closed tx, femur fracture.	\$1,430
27816	Closed tx, ankle fracture	\$1,014
28415	Closed tx, humerus fracture	\$3,172
29580	Application of Paste Boot	\$130
35301	Rechannelling of Artery	\$4,758
36415	Drawing blood	\$26
36489	Insertion of Catheter, Vein	\$416
36533	Insertion of Access Port	\$1,534
38562	Removal, Pelvic Lymph Nodes	\$3,172
38770	Remove Pelvis Lymph Nodes	\$3,848
38780	Remove Abdomen Lymph Nodes	\$6,344
44005	Freeing of Bowel Adhesion	\$2,574
44140	Partial Removal of Colon	\$3,692
44950	Appendectomy	\$1,872
44970	Laparoscopy surgical appendectomy	\$1,872
45378	Diagnostic Colonoscopy	\$1,092
45560	Repair of Rectocele	\$1,222
46255	Hemorrhoidectomy, internal and external	\$1,456
47600	Cholecystectomy	\$3,380
49000	Exploration of Abdomen	\$2,262
49320	Laparoscopy, diagnostic	\$1,612

49505	Repair Inguinal Hernia	\$1,846
49560	Repair Abdominal Hernia	\$2,236
50590	Lithotripsy, extracorporeal shock wave	\$4,316
51840	Bladder repair/vesical neck	\$3,120
52612	TURP	\$2,860
55810	Prostatectomy, perineal radical	\$5,356
57240	Repair Bladder & Vagina	\$1,768
57280	Suspension of Vagina	\$2,756
57282	Repair of Vaginal Prolapse	\$2,756
58150	Total Hysterectomy	\$3,250
58260	Vaginal Hysterectomy	\$3,146
58400	Suspension of Uterus	\$2,132
58600	Division of fallopian tube	\$1,508
58700	Removal of fallopian tube	\$1,976
58720	Removal of ovary/tube(s)	\$2,314
58740	Revise Fallopian Tube(s)	\$2,418
58750	Repair Oviduct	\$3,952
58770	Create New Tubal Opening	\$3,458
58925	Removal of ovarian cyst(s)	\$1,768
58940	Removal of ovary(s)	\$1,768
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,470
59150	Treat Ectopic Pregnancy	\$2,470
59400	Obstetrical Care	\$3,224
59409	Obstetrical Care	\$1,690
59410	Obstetrical Care	\$1,872
59510	Cesarean delivery	\$3,978
59851	Abortion	\$1,872
61154	Pierce Skull, Remove Clot	\$5,122
61312	Open Skull for Drainage	\$6,500
62284	Injection for Myelogram	\$832
63030	Low Back Disk Surgery	\$5,824
63035	Added Spinal Disk Surgery	\$1,898
63047	Removal of Spinal Lamina	\$6,500
63048	Removal of Spinal Lamina	\$2,288
63075	Neck Spine Disk Surgery	\$6,006
64721	Carpal Tunnel Surgery	\$1,872
65855	Laser Surgery of Eye	\$1,794
66170	Glaucoma Surgery	\$2,418
66761	Revision of Iris	\$1,430

66821	After Cataract Laser Surgery	\$1,326
66984	Remove Cataract, Insert Lens	\$3,458
67210	Treatment of Retinal Lesion	\$1,846
67228	Treatment of Retinal Lesion	\$1,976
67820	Revise Eyelashes	\$182
67840	Remove Eyelid Lesion	\$468
68761	Close Tear Duct Opening	\$286]

[\$7,000 Option]

[CPT-4 Codes]	Procedure	Amount
10060	I&D of Abscess, Simple	\$196
10061	I&D of Abscess, Complex	\$448
19000	Puncture Aspiration of cyst of Breast	\$224
19120	Removal of Breast Lesion	\$1,288
19180	Mastectomy, Simple	\$2,156
19240	Removal of Breast	\$3,220
20550	In Tendon/Ligament/cyst	\$168
20600	Drain/Inject Joint/Bursa	\$168
20605	Drain/Inject Joint/Bursa	\$168
22554	Neck Spine Fusion	\$7,000
23500	Closed tx, clavicle fracture	\$532
25560	Closed tx, radius fracture	\$1,008
27230	Closed tx, femur fracture.	\$1,540
27816	Closed tx, ankle fracture	\$1,092
28415	Closed tx, humerus fracture	\$3,416
29580	Application of Paste Boot	\$140
35301	Rechannelling of Artery	\$5,124
36415	Drawing blood	\$28
36489	Insertion of Catheter, Vein	\$448
36533	Insertion of Access Port	\$1,652
38562	Removal, Pelvic Lymph Nodes	\$3,416
38770	Remove Pelvis Lymph Nodes	\$4,144
38780	Remove Abdomen Lymph Nodes	\$6,832
44005	Freeing of Bowel Adhesion	\$2,772
44140	Partial Removal of Colon	\$3,976
44950	Appendectomy	\$2,016
44970	Laparoscopy surgical appendectomy	\$2,016
45378	Diagnostic Colonoscopy	\$1,176
45560	Repair of Rectocele	\$1,316
46255	Hemorrhoidectomy, internal and external	\$1,568
47600	Cholecystectomy	\$3,640
49000	Exploration of Abdomen	\$2,436
49320	Laparoscopy, diagnostic	\$1,736
49505	Repair Inguinal Hernia	\$1,988
49560	Repair Abdominal Hernia	\$2,408
50590	Lithotripsy, extracorporeal shock wave	\$4,648
51840	Bladder repair/vesical neck	\$3,360

52612	TURP	\$3,080
55810	Prostatectomy, perineal radical	\$5,768
57240	Repair Bladder & Vagina	\$1,904
57280	Suspension of Vagina	\$2,968
57282	Repair of Vaginal Prolapse	\$2,968
58150	Total Hysterectomy	\$3,500
58260	Vaginal Hysterectomy	\$3,388
58400	Suspension of Uterus	\$2,296
58600	Division of fallopian tube	\$1,624
58700	Removal of fallopian tube	\$2,128
58720	Removal of ovary/tube(s)	\$2,492
58740	Revise Fallopian Tube(s)	\$2,604
58750	Repair Oviduct	\$4,256
58770	Create New Tubal Opening	\$3,724
58925	Removal of ovarian cyst(s)	\$1,904
58940	Removal of ovary(s)	\$1,904
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,660
59150	Treat Ectopic Pregnancy	\$2,660
59400	Obstetrical Care	\$3,472
59409	Obstetrical Care	\$1,820
59410	Obstetrical Care	\$2,016
59510	Cesarean delivery	\$4,284
59851	Abortion	\$2,016
61154	Pierce Skull, Remove Clot	\$5,516
61312	Open Skull for Drainage	\$7,000
62284	Injection for Myelogram	\$896
63030	Low Back Disk Surgery	\$6,272
63035	Added Spinal Disk Surgery	\$2,044
63047	Removal of Spinal Lamina	\$7,000
63048	Removal of Spinal Lamina	\$2,464
63075	Neck Spine Disk Surgery	\$6,468
64721	Carpal Tunnel Surgery	\$2,016
65855	Laser Surgery of Eye	\$1,932
66170	Glaucoma Surgery	\$2,604
66761	Revision of Iris	\$1,540
66821	After Cataract Laser Surgery	\$1,428
66984	Remove Cataract, Insert Lens	\$3,724
67210	Treatment of Retinal Lesion	\$1,988
67228	Treatment of Retinal Lesion	\$2,128

67820	Revise Eyelashes	\$196
67840	Remove Eyelid Lesion	\$504
68761	Close Tear Duct Opening	\$308]

[\$7,500 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$210
10061	I&D of Abscess, Complex	\$480
19000	Puncture Aspiration of cyst of Breast	\$240
19120	Removal of Breast Lesion	\$1,380
19180	Mastectomy, Simple	\$2,310
19240	Removal of Breast	\$3,450
20550	In Tendon/Ligament/cyst	\$180
20600	Drain/Inject Joint/Bursa	\$180
20605	Drain/Inject Joint/Bursa	\$180
22554	Neck Spine Fusion	\$7,500
23500	Closed tx, clavicle fracture	\$570
25560	Closed tx, radius fracture	\$1,080
27230	Closed tx, femur fracture.	\$1,650
27816	Closed tx, ankle fracture	\$1,170
28415	Closed tx, humerus fracture	\$3,660
29580	Application of Paste Boot	\$150
35301	Rechannelling of Artery	\$5,490
36415	Drawing blood	\$30
36489	Insertion of Catheter, Vein	\$480
36533	Insertion of Access Port	\$1,770
38562	Removal, Pelvic Lymph Nodes	\$3,660
38770	Remove Pelvis Lymph Nodes	\$4,440
38780	Remove Abdomen Lymph Nodes	\$7,320
44005	Freeing of Bowel Adhesion	\$2,970
44140	Partial Removal of Colon	\$4,260
44950	Appendectomy	\$2,160
44970	Laparoscopy surgical appendectomy	\$2,160
45378	Diagnostic Colonoscopy	\$1,260
45560	Repair of Rectocele	\$1,410
46255	Hemorrhoidectomy, internal and external	\$1,680
47600	Cholecystectomy	\$3,900
49000	Exploration of Abdomen	\$2,610
49320	Laparoscopy, diagnostic	\$1,860

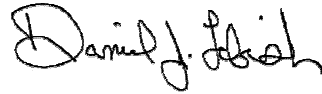
49505	Repair Inguinal Hernia	\$2,130
49560	Repair Abdominal Hernia	\$2,580
50590	Lithotripsy, extracorporeal shock wave	\$4,980
51840	Bladder repair/vesical neck	\$3,600
52612	TURP	\$3,300
55810	Prostatectomy, perineal radical	\$6,180
57240	Repair Bladder & Vagina	\$2,040
57280	Suspension of Vagina	\$3,180
57282	Repair of Vaginal Prolapse	\$3,180
58150	Total Hysterectomy	\$3,750
58260	Vaginal Hysterectomy	\$3,630
58400	Suspension of Uterus	\$2,460
58600	Division of fallopian tube	\$1,740
58700	Removal of fallopian tube	\$2,280
58720	Removal of ovary/tube(s)	\$2,670
58740	Revise Fallopian Tube(s)	\$2,790
58750	Repair Oviduct	\$4,560
58770	Create New Tubal Opening	\$3,990
58925	Removal of ovarian cyst(s)	\$2,040
58940	Removal of ovary(s)	\$2,040
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,850
59150	Treat Ectopic Pregnancy	\$2,850
59400	Obstetrical Care	\$3,720
59409	Obstetrical Care	\$1,950
59410	Obstetrical Care	\$2,160
59510	Cesarean delivery	\$4,590
59851	Abortion	\$2,160
61154	Pierce Skull, Remove Clot	\$5,910
61312	Open Skull for Drainage	\$7,500
62284	Injection for Myelogram	\$960
63030	Low Back Disk Surgery	\$6,720
63035	Added Spinal Disk Surgery	\$2,190
63047	Removal of Spinal Lamina	\$7,500
63048	Removal of Spinal Lamina	\$2,640
63075	Neck Spine Disk Surgery	\$6,930
64721	Carpal Tunnel Surgery	\$2,160
65855	Laser Surgery of Eye	\$2,070
66170	Glaucoma Surgery	\$2,790
66761	Revision of Iris	\$1,650

66821	After Cataract Laser Surgery	\$1,530
66984	Remove Cataract, Insert Lens	\$3,990
67210	Treatment of Retinal Lesion	\$2,130
67228	Treatment of Retinal Lesion	\$2,280
67820	Revise Eyelashes	\$210
67840	Remove Eyelid Lesion	\$540
68761	Close Tear Duct Opening	\$300]

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company certifies that you will be insured under the Policy Number issued to the Policyholder named below during the time, in the manner, and for the amounts provided in the Group Policy.



President

POLICYHOLDER:	[*]
POLICY NUMBER:	[*]
[PARTICIPATING ORGANIZATION:]	[*]
CERTIFICATE EFFECTIVE DATE:	[*]
STATE OF ISSUE:	[*]

Your coverage under the Policy **HM Life Insurance Company** issued to the Policyholder is shown in this Certificate. If your coverage is changed by an amendment to the Policy, we will provide the [Policyholder] with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the [Policyholder]'s address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Covered Person. The "Company", we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

GROUP HOSPITAL INDEMNITY POLICY • NON-PARTICIPATING

THE POLICY PROVIDES LIMITED BENEFITS

NO RECOVERY FOR PRE-EXISTING CONDITIONS - READ CAREFULLY.

No benefits will be provided for the first twelve months a person is covered under the Policy for conditions for which medical advice or treatment was received or recommended during the [three] [six] [twelve] month period prior to the effective date of such person's coverage under the Policy.

Questions or Comments

We want to hear from you. If you have any questions about this Certificate, its benefits, the filing of claims, a complaint or a compliment, write to us at the address on the front of this Certificate. Thank you for your loyal patronage.

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[SCHEDULE OF AFFILIATES

The following Affiliates are covered under this Certificate on the effective dates listed below. A newly-acquired Affiliate may be covered under this Certificate on the first of the month following the date it is acquired as long as the [Policyholder] notifies us within [30] [45] [60] [90] [180] days of its acquisition and pays the required premium. If we are not notified within the required time period, the Affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are [employed by] [members of] [associated with] the Affiliate on its effective date of coverage are eligible for coverage on that date.

[Affiliate Name	Location	Effective Date
[*]	[*]	[*]]

SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the Certificate provisions carefully.

No benefits are payable for any Covered Person until the Eligibility Waiting Period has been completed.

Eligibility Waiting Period

[For [employee]s hired [30] [31] [60] days [or more] before the Certificate Effective Date:] [None] [30] [31] [45] [60] [90] [days] [The period determined by the [Policyholder's] personnel practices]]

[For [employee]s hired after the Certificate Effective Date:] [None] [30] [31] [45] [60] [90] [days] [the [Policyholder]'s next Open Enrollment Period] [The period determined by the [Policyholder's] personnel practices]]

Covered Persons

- [1.] [Employee]
- [2.] [Dependent Spouse] [Domestic Partner]
- [3.] [Dependent Children]

[Reduction Schedule

Rate	50%
Attained Age	70]

Benefit	Amount
----------------	---------------

Hospital Confinement

Per day	[\$100 - \$2000 (in \$50 increments)]
Number of days per confinement	180

[Hospital Admission

Per Hospital Stay	[\$100 -\$2000 (in \$50 increments)]
Number of Days (per Hospital Stay)	1]

[Hospital Intensive Care

Per day	[\$100 -\$2000 (in \$50 increments)]
Number of days per confinement	30]

[Hospital Emergency Room[*]

[Covered Person] Per visit	[\$25 -\$250 in \$25 increments per visit]
[Number of Visits per Plan year	2]
[* Emergency Room visits due to sickness are excluded unless the Covered Person is admitted to a Hospital within [48] [72] hours]	

[Surgical Benefit

Benefit per Surgical Procedure	See Surgical Schedule
Maximum for any one Procedure	[\$500 – \$7500 in \$500 increments]]

[Anesthesia Benefit

20% of the Benefit per Surgical Procedure]

[Health Screening Benefit

Benefit per test	[\$25] [50] [75] [100]
Number of Tests per [Plan] year	1]

Minimum Participation Requirement

[5] [Employees] [and] [Dependents]

[Rates and Premiums]**[Mode of Premium Payment**

[Weekly] [Bi-weekly][Monthly] [Quarterly] [Semi-annual] [Annual]]

Premium Due Dates

Certificate Effective Date and the first day of each month thereafter

Contributions

[Certificate Effective Date and the first day of each month thereafter]

[Certificate Effective Date and the first day of each calendar quarter thereafter]

Certificate Effective Date and the first day [July] [and] [January] thereafter]

[Rates

[Weekly] [Bi-weekly][Monthly] [Quarterly] [Semi-annual] [Annual] Rate

[Employee]	[*]
[[Employee] and [Dependent Spouse]	
[Domestic Partner]]	[*]
[Employee] and Child(ren)	[*]
[Family]	[*]
[Composite]	[*]]

DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our, the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means that the Covered [Employee] is either:

1. at work on one of the [Employees] scheduled work days and is performing his regular duties on a[scheduled] basis, either at one of the [Employer's] usual places of business or at some other location to which the [Employer]'s business requires him to travel;

2. on a scheduled holiday[,] [or] vacation day [or period of [Employer]-approved paid leave of absence][, only if the [Employee] was in Active Service on the preceding scheduled workday].

A Covered Person is considered in Active Service if he is not one of the following:

1. an in-patient in a Hospital, skilled nursing facility, rehabilitation hospital, convalescent / personal care facility or receiving out-patient care and/or therapy that affects a Covered Person's ability to perform his regular duties on a scheduled basis;
2. confined at home under the care of a Physician or Doctor for a treatment of an Injury or Sickness; or
3. totally disabled.

Affiliate means a company, location or division while subsidiary to, affiliated with or controlled by the Policyholder.

Certificate means the document issued for delivery to the Covered Person that lists the benefits, conditions and limits of the Policy.

Company or **we, us, our**, means HM Life Insurance Company, domiciled in Pennsylvania.

Covered Accident means an Injury, which:

1. occurs as a result of an Injury while the Covered Person is insured under this Certificate, and after any applicable Eligibility Waiting Period;
2. is not subject to the Pre-Existing Condition Limitation; and
3. is not otherwise excluded under the terms of this Certificate.

[Employee] means a [full-time] [employee] of the [Policyholder] [who works an average of [10] [15] [20] hours per week [and who meets all of the requirements for one of the Covered Classes shown below].

- | | |
|-------------|--|
| [Class 1] | [All [employee]s] of the [Policyholder] who are officers] |
| [Class 2] | [All [employee]s] of the [Policyholder] who are managers or supervisors] |
| [Class 3] | [All [employee]s] of the [Policyholder]] at [location]] |
| [Class 4] | All other [employee]s] of the [Policyholder]]] |

Covered Person means an [Employee][,] [or] [Dependent] [Domestic Partner] , for whom an enrollment form has been accepted by us[, the required premium has been paid when due] and for whom coverage under this Policy remains in force. If [employee] is shown in the *Schedule of Benefits* we insure the [Employee]. Dependents are insured if either [Dependent spouse][,] [or] [Domestic Partner] or Dependent children is shown in the *Schedule of Benefits*.

Covered Sickness means an illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury that:

1. is first manifested while the Covered Person is insured under this Certificate, and after any applicable Eligibility Waiting Period;
2. is not subject to the Pre-Existing Condition Limitation; and
3. is not otherwise excluded under the terms of this Certificate.

Dependent means the [Employee]'s:

1. Spouse, unless such spouse is eligible as a Covered [Employee] under this Certificate; [and] [or]
- [2.] [Domestic Partner, unless such person is eligible as a Covered [Employee] under this Certificate; and]
- [3.] Unmarried natural or step child, unless such child is eligible for medical coverage as a Covered [Employee] under this Certificate and who:
 - [a.] is less than [19] [23] [25] [30] years old; or
 - [b.] is unmarried, under [23] [25] [30] years of age and attends an accredited educational institution as a full-time student; or
 - [c.] becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [19];

This term includes a child who:

- [1.] [is living with the Covered [Employee] in a parent child relationship; or]
- [2.] is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered [Employee]; or
- [3.] is required to be provided coverage by the Covered Person or his [spouse] [Domestic Partner] under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

[Domestic Partner means a person of [the same] [or] [the opposite] sex who:

- [1.] [is not married or legally separated][;]
- [2.] [has not been party to an action or proceeding for divorce or annulment within the last six months, or has been a party to such an action or proceeding and at least six months have elapsed since the date of the judgment terminating the marriage][;]
- [3.] [Is not currently registered in a domestic partnership with a different domestic partner and has not been in such a relationship for at least six months][;]
- [4.] [occupies the same residence as the [Employee]][;]
- [5.] [has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature][;] [and]
- [6.] [has entered into a Domestic Partnership Arrangement with the [Employee]].]

[Domestic Partnership Arrangement means the [Employee] and another person of [the same] [or] [the opposite] sex has any three of the following in common (documentation may be requested to the extent allowed by the city, county or state in which you reside):

1. joint lease, mortgage or deed;
2. joint ownership of a vehicle;

3. joint ownership of a checking account or credit account;
4. designation of the domestic partner as a beneficiary for the employee's life insurance or retirement benefits;
5. designation of the domestic partner as a beneficiary of the employee's will;
6. designation of the domestic partner as holding power of attorney for health care; or
7. shared household expenses.]

Eligibility Waiting Period means the period of time that must lapse before an [Employee][,] [or] [Dependent] [or] [Domestic Partner] is eligible for this insurance. It will be extended by the number of days the [Employee] is not in Active Service.

We will not pay benefits for a Covered Accident that occurs, a Covered Sickness that begins, or a Health Screening performed during the Eligibility Waiting Period.

[Provide **Evidence of Insurability** means a[n] [Employee],] [and Dependent] [and] [Domestic Partner] [Covered Person] must [upon request] [and at their expense]:

- [1.] complete and sign our [enrollment] [health and medical history] form[;]
- [2. sign our form authorizing us to obtain information about his health and other insurance coverage;
- [3.] provide any additional reasonable information about his insurability that we request; and
- [4.] undergo a physical examination and testing at our request].]

He, him or his means an individual, male or female.

Hospital means an institution that meets all of the following:

1. it is licensed pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
2. it is managed under the supervision of a staff of legally licensed physicians;
3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
5. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent or custodial care; or
2. the aged.

Hospital Intensive Care Unit means a place which:

1. is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
3. is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
4. is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a twenty four hour basis; and
5. has a Doctor assigned to the intensive care unit on a full-time basis.

A Hospital Intensive Care unit is not any of the following step down units:

1. a progressive care unit;
2. a sub-acute intensive care unit;
3. an intermediate care unit;
4. a private monitored room;
5. a surgical recovery room;
6. an observation unit; or
7. any facility not meeting the definition of a hospital intensive care unit as defined in this Certificate.

Hospital Stay means a confinement in a Hospital, ordered by a Physician or Doctor for at least 24 consecutive hours when room and board and general nursing care are provided at a per diem charge made by the Hospital. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless [(a)] separated by at least [30] [60] [90] days [or (b) a Covered [Employee] returns to Active Service for [15] [30] [45] or more days] between Hospital Stays.

Injury means bodily injury solely due to a Covered Accident. It includes all complications of and all injuries received from the same accident.

In-Patient means a Covered Person who is confined [overnight] [,] [for at least] [one full day] [or] [twenty-four (24)] continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case the term "In-patient" shall mean a Covered Person is required to be confined for a period determined by applicable law governing such facility.

Open Enrollment Period means a period of time agreed upon by the [Policyholder] and the Company, during which an [Employee] may apply for insurance.

Out-Patient means a Covered Person who receives covered treatment, services and supplies while not an Inpatient in a Hospital.

Physician or Doctor means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the [Policyholder];
2. living in the Covered Person's household; or
3. a parent, sibling, spouse[,] [domestic partner] or child of the Covered Person.

[Plan] Year or annual or annually means a period of twelve consecutive months beginning on the Certificate Effective Date and subsequent anniversary dates.

Policyholder means the entity shown on the cover page of this Certificate.

[Participating Organization] means the entity shown on the cover page of this Certificate.]

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Certificate Effective Date

We agree to provide Hospital Indemnity Insurance Benefits described in this Certificate in consideration of the [Policyholder]'s payment of the premium when due. Insurance coverage begins on the Certificate Effective Date shown on this Certificate's first page as long as the Minimum Participation requirement shown in the *Schedule of Benefits* has been satisfied.

[Effective Date for Newly-Acquired Affiliates]

Insurance becomes effective for any newly-acquired affiliate of the [Policyholder] on first of the month following the date it is acquired if we have been notified in writing within the time period specified in the *Schedule of Affiliates*, have agreed to provide insurance, and have received any additional premium due. If we are not so notified, insurance for the Affiliate will become effective on the first of the month following the date we agree in writing to insure it and receive any additional premium due. Individuals who are [Employee]'s of an Affiliate on its effective date of insurance under this Certificate will be eligible for insurance on that date.]

Eligibility

An [Employee][,][Dependent] [or][Domestic Partner] is eligible provided:

1. they meet the applicable definition shown in *Definitions*; and
2. they have completed the Eligibility Waiting Period, if any; and
3. in the case of an [Employee][,][Dependent spouse] [or] [Domestic Partner] they are under age 70 [on the Effective Date of the Certificate] [date they complete the Eligibility Waiting Period]; and]
- 4.] they meet the definition of Active Service in *Definitions*.

No person is eligible for insurance under this Certificate as both an [Employee][,] [Dependent] [or Domestic Partner] at the same time.

Effective Date

The Effective Date of the Certificate is shown on the applicable cover page.

An eligible [Employee]'s insurance becomes effective on the [day] [first of the month] following the date he[:]

[1.] submits a complete enrollment form, if any [and we approve that form]; and]

[2.] has paid the required first contribution, if any].

An eligible Dependent's [or Domestic Partner]'s insurance becomes effective on the [day] [first of the month] following the date the [Employee] first becomes insured[, or the [day] [first of the month] following the date the person becomes eligible, if later][, provided[:]

[1.] [a completed enrollment form, if any, is submitted for the Dependent [and we approve that form][:]
[and]

[2.] the [Employee] has paid the required first contribution, if any, for the Dependent's coverage.

If either the [spouse] [or Domestic Partner] is eligible as an [Employee] the dependent children may be covered under only one [Employee].

If both of the [spouses] [or Domestic Partners] are eligible as an [Employee] and have no dependent children;

1. both will be insured as Covered Persons when a Covered Person is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered Persons or one may elect to insure the other as a Dependent when a Covered Person is required to contribute to the cost of his insurance.

If both of the [spouses] [or Domestic Partners] are eligible as an [Employee] and have dependent children;

1. both will be insured as Covered Persons and dependent coverage will be provided via only the parent whose birthday occurs first during a Plan] Year, when an [Employee] is not required to contribute to the cost of his Dependents' insurance; and
2. both may be insured as an [Employee] but only one may elect dependent coverage to insure dependent children, when an [Employee] is required to contribute to the cost of his dependents' insurance.

A [spouse] [or Domestic Partner] that does not meet the definition of [Employee], or a dependent child may be insured as a Dependent provided one [spouse] [or Domestic Partner] meets the definition of [Employee] shown in *Definitions*.

[Newborn children of an [Employee] or spouse are automatically covered from birth provided we receive notification within 90 days after the birth of the newborn. [Foster children [and other children living with the [Employee] or spouse in a parent child relationship] are eligible for coverage on the same basis upon placement in the home.]

[A child adopted by, or placed for adoption with, or who are a party in a suit for adoption by an [Employee] or spouse is covered automatically from birth provided we receive notification within 31 days after the birth of the newborn.]

[A minor under the charge, care, and control of the insured whom the insured has filed a petition to adopt shall be provided coverage the same as provided for other members of the insured's family. Coverage shall begin on the date of the filing of a petition for adoption if the insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the minor]

Deferred Effective Date

The effective date of insurance will be deferred for any [Employee] who is not in Active Service on the [day] [first of the month] following the date he would otherwise have become eligible.

Coverage will become effective on the later of the [day] [first of the month] following the date he returns to Active Service and the [day] [first of the month] following the date coverage would otherwise have become effective.

Late Enrollee

A person will be considered a late enrollee if he does not apply for insurance within 31 days of the [day] [first of the month] following the date he is first eligible.

[Coverage for any late enrollee will become effective on the [day] [first of the month] following the date he [enrolls] [completes a [30] [60] [90] [120] [180] day late enrollee waiting period] [and submits the required premium].]

[If a person does not apply for insurance within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on the [first] day [of the month coinciding with or next] following the date we approve such person's Evidence of Insurability.]

[If a person does not apply for insurance within 31 days of the date he is first eligible, he must wait until the [Policyholder]'s next Open Enrollment Period. Coverage for any late enrollee will become effective on the date specified by the [Policyholder].]

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Certificate or a change in the [Employee]'s Covered Class will take effect on the [day] [first of the month] following the date of such change. Increases will take effect subject to any Active Service and Evidence of Insurability requirement.

Termination of Insurance

Please read the *Continuation of Coverage* section of this Certificate for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Certificate or insurance for a Covered Class is terminated;
2. the [day] [next premium due date after first of the month] following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
- [3.] [the [day] [next premium due date after first of the month] following the date the Covered Person attains age 70;]
- [4.] the last day of the last period for which premium is paid;
- [5.] the end of any period of continuation, as provided in the *Continuation of Coverage*; and
- [6.] with respect to an Eligible Dependent, the [day] [first of the month] following the date of the death of the Covered [Employee] or the [day] [first of the month] following the date of divorce from the Covered [Employee], or termination of a Domestic Partnership Arrangement].

Termination will not affect a claim for a Covered Accident, Covered Sickness or Health Screening incurred while coverage was in effect.

Continuation of Coverage

If a Covered Person's insurance terminates for any reason other than non-payment of any required premium when due or termination of this Certificate, such person may elect to continue coverage under this Certificate provided he has not attained age 70. To elect continued coverage, the Covered Person must[:

[1.] [have been continuously insured for at least [6] [12] [24] months under this Certificate and/or any plan it replaced just before the date their insurance terminates; and]

[2.] make the election within 31 days of termination and pay all required premiums for the continued coverage.

Continued coverage is subject to all of the provisions and limitations of this Certificate. The premium rate charged for the continued coverage will be 105% of the rate charged to the [Policyholder] for the coverage under this Certificate based on the Covered Person's age at the time he elects to continue coverage.

Premiums for continued coverage will be collected from the terminated individual on a quarterly, semi-annual or annual basis, as elected by the Covered Person.

Coverage continued under this provision will end when [the Certificate terminates][,] [the date such person attains age 70] or the last period for which premium is paid[, whichever occurs first].

BENEFITS

The benefit amounts payable are shown in the *Schedule of Benefits*. [If the *Schedule of Benefits* shows a Reduction Schedule any benefit payable after the attained age will be reduced by the rate shown in Reduction Schedule.] No benefits are payable for any Covered Person until the Eligibility Waiting Period has been completed.

Hospital Confinement – We will pay this benefit in the amount shown in the *Schedule of Benefits* when a Covered Person is confined to a Hospital as an In-Patient as the result of injuries received in a Covered Accident or because of a Covered Sickness. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined to a Hospital as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

[The length of time shown for Hospital Confinement in the *Schedule of Benefits* is the maximum period for which a Covered Person can collect benefits for a Hospital Stay resulting from the same Covered Sickness or injuries received from the same Covered Accident; we will pay benefits on a daily basis.]

This benefit is payable for only one Hospital Stay at a time even if caused by more than one Covered Accident, more than one Covered Sickness or a Covered Accident and a Covered Sickness.

[Hospital Admission – We will pay this benefit when a Covered Person is admitted to a Hospital and confined as an In-Patient because of injuries received in a Covered Accident or because of a Covered Sickness. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

We will pay the Hospital Admission benefit amount shown in the *Schedule of Benefits* when a Covered Person is admitted to a Hospital as an In-Patient. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or Out-Patient treatment.

We will pay this benefit once per Hospital Stay. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the Hospital as an In-Patient because of the same or related injury or sickness, we will not pay this benefit again.]

[Hospital Intensive Care – If a Covered Person is confined in a Hospital Intensive Care Unit as an In-Patient due to an injury received in a Covered Accident or because of a Covered Sickness, we will pay the daily benefit amount shown in the *Schedule of Benefits*. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined to a Hospital as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

We will pay this amount for each day of such confinement, but not to exceed the maximum benefit period shown in the *Schedule of Benefits* during any one Hospital Stay.

We will pay benefits for only one confinement in a Hospital Intensive Care Unit as an In-Patient at a time, even if it is caused by more than one Covered Accident, more than one Covered Sickness or a Covered Accident and a Covered Sickness.

If we pay benefits for confinement in a Hospital Intensive Care Unit as an In-Patient and the Covered Person becomes confined to a Hospital Intensive Care Unit again within [90] [180] [365] days because of the same or related condition, we will treat this confinement as the same Hospital Stay.]

[Surgical Benefit – If surgery due to an injury received in a Covered Accident or because of a Covered Sickness is performed by a Physician or Doctor, we will pay the amount for the procedure listed in the *Schedule of Surgical Procedures* up to the maximum shown in the *Schedule of Benefits* for any one surgical procedure. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a Physician's or Doctor's office.

If an operation is not listed in the *Schedule of Surgical Procedures*, we will pay an amount comparable to that which would be payable for the operation listed in the *Schedule of Surgical Procedures* which is most nearly similar in severity and complexity.

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided.]

[Anesthesia Benefits – When a surgical procedure is performed that is covered under the Surgical Benefit, we will pay the amount shown in the *Schedule of Benefits* for anesthesia administered by a Physician or Doctor in connection with such procedure.]

[Hospital Emergency Room Benefit – If a Covered Person is injured in a Covered Accident or has a Covered Sickness, and receives treatment in a Hospital emergency room we will pay the benefit shown in the *Schedule of Benefits*. [This benefit will not be paid for a Covered Sickness unless the Covered Person is admitted to the Hospital within [48] [72] hours of the time treatment is first requested in the Hospital emergency room.]]

[Health Screening Benefit – We will pay the amount shown in the *Schedule of Benefits* for the Health Screening Tests. This Benefit is payable [once] per [Plan] Year].

As used above "Health Screening Test" means:

1. Stress test on a bicycle or treadmill, or using Thallium or similar pharmaceutical agent;
2. Fasting blood glucose test;
3. Blood test for triglycerides;
4. Serum cholesterol test to determine level of HDL and LDL;
5. Bone marrow testing;

6. Breast ultrasound;
7. CA 15-3 (blood test for breast cancer);
8. CA 125 (blood test for ovarian cancer);
9. CEA (blood test for colon cancer);
10. Chest X-ray;
11. Colonoscopy;
12. Flexible sigmoidoscopy;
13. Hemocult stool analysis;
14. Mammography;
15. Pap test;
16. PSA (blood test for prostate cancer);
17. Serum Protein Electrophoresis (blood test for myeloma);
18. Thermography; and
19. Skin review by a dermatologist.

We will pay this benefit regardless of a supporting Diagnosis or the results of the test.]

LIMITATIONS AND EXCLUSIONS

Limitations

1. Eligibility Waiting Period – No benefits are payable for any [Employee's], [or] [Dependent] [or] [Domestic Partner] until the Eligibility Waiting Period shown in the *Schedule of Benefits* has been completed. If first diagnosed during the Eligibility Waiting Period, the Pre-Existing Condition Limitation will apply to any loss from that diagnosis. [At the [Policyholder's] option, you may elect to void any coverage applied for and receive a full refund of premium. Any such request must be in writing and made prior to the end of the Eligibility Waiting Period.]
2. Pre-Existing Conditions – We will not pay benefits for any condition or illness starting within [3] [6] [12] months of the [Effective Date of the Certificate] [effective date of an [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance] which is caused by, contributed to, or resulting from a Pre-Existing Condition. A claim for benefits for loss starting after 12 months from the Effective Date of the Certificate [effective date of an [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance] will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

A condition will no longer be considered Pre-Existing at the end of 12 consecutive months starting and ending after the Effective Date of the Certificate [effective date of an [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance].

"Pre-Existing Condition" means a sickness or physical condition which, within the [3] [6] [12] month period prior to the Effective Date of the Certificate [effective date of an [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance] resulted in an insured receiving medical advice or treatment.

"Treatment" means consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

- [3. Reduction Schedule – The Benefit Amount [and Guarantee Issue Benefit Amount] payable for a Specified Critical Illness will be reduced by 50% if an Covered Person is age 70 or older on the date the benefit becomes payable. "Age" means the age of the Covered Person on such person's most recent birthday, regardless of the actual time of birth.]

Exclusions

We will not pay benefits for loss contributed to, caused by, or resulting from the following unless specifically provided elsewhere in this Certificate:

1. Treatment that is solely for the purpose of rest care or custodial care and any associated transportation;
2. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof. This exclusion does not apply to:
 - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of an Injury;
 - b. reconstruction incidental to or following surgery resulting from a covered Injury or Illness or from trauma, infection or other diseases of the involved part;
 - c. correction of a congenital defect or anomaly that results in a functional defect of a covered dependent child;
 - d. with respect to a mastectomy:
 - i. all stages of reconstruction of the breast on which the mastectomy has been performed;
 - ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;
3. Examinations needed for employment, obtaining insurance or travel;
4. Voluntary abortion, unless:
 - a. the life of the mother would be endangered if the fetus were carried to term; or
 - b. medical complications have arisen from an abortion;
5. Sex change procedures;
6. Experimental services or treatments;
7. Reversal of sterilizations;
8. Diagnosis and treatment of infertility;
9. Treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;
10. Routine eye examinations or fitting of glasses or contact lenses;
11. Hearing examinations or fitting of hearing aids;
12. Dental examinations or dental care other than expenses resulting from a Covered Accident;
13. Smoking cessation;
14. Loss due to suicide or any attempt or threat to commit suicide, while sane or insane, or any

intentionally self-inflicted injury or sickness[, unless as a result of a medical condition or an act of domestic violence];

15. Loss due to participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
16. Loss due to committing, attempting to commit, or taking part in a felony or assault;
17. Loss due to an Injury while participating in a contest of speed in power driven vehicles or a self propelled conveyance, parachuting, parasailing, bungee jumping, mountain climbing, spelunking, or hang gliding, operating an all terrain vehicle (ATV or dirt bike), SCUBA diving, white water rafting or mountain biking;
18. Air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
 - a. on a charter flight operated by a scheduled airline; or
 - b. as a passenger for transportation only and not as a pilot or crew member;
19. Loss due to the Covered Person being legally intoxicated as determined according to the laws of the United States of America;
20. Any treatment for an accident or sickness resulting from the use of a controlled substance by a Covered Person that is not provided by or at the direction of a Physician or Doctor;
21. Loss due to an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes an accidental injury or sickness contracted while in the service of any military, naval or air force of any country engaged in war (the Company will refund the pro rata unearned premium for any such period the Covered Person is not covered);
22. Loss due to an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Workers' Compensation, Occupational Disease or similar law, whether or not application for such benefits has been made;
23. Any treatment received or expenses incurred during a period of time that insurance for a Covered Person is not in force;
24. Any treatment received or expenses incurred after this Policy has terminated;
25. Any service, supply or treatment that is not provided by or at the direction of a Physician or Doctor, or is inconsistent with standards of medical practice for the applicable condition;
26. Treatment of any accident or sickness outside the United States or Canada;
27. Transportation;
28. Benefits for services or treatment rendered by any person who is:
 - a. employed or retained by the [Policyholder];
 - b. living in the Covered Person's household;
 - c. a parent, sibling, spouse[,], [domestic partner] or child of a Covered [Employee] or of His spouse; or
 - d. a Covered Person treating himself;
29. The treatment of:

- a. mental illness;
- b. functional or organic nervous disorder, regardless of cause;
- c. alcohol abuse; or
- d. drug use, unless such drugs were taken on the advice of a Physician or Doctor and taken as prescribed;

30. Participating in any organized sport; professional or semi-professional;] [or]

31. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.]

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to us within 31 days after a Covered Accident or Covered Sickness is incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized agent. Notice should include the [Policyholder]'s name and the Covered Person's name, address, [Policy] [Certificate] Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to us must be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized agent within 90 days of the loss for which claim is made.

If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable.

If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

[Notice of Decision

We will send you written notice of our claim decision within 30 days after we receive due proof of your loss. If there are special circumstances that require more time (such as the need to hold a hearing), we will send you a written notice within this timeframe that an additional 30 days is needed. If more time is still needed to make a claim determination, we will send you written notice during this initial 30 day extension stating the special circumstances that require an additional 30 days. You will have 45 days to provide any additional information requested.

If your claim is urgent, we will notify you of our decision within 72 hours. If we need more information, we will let you know within 24 hours of your claim. At that time we will tell you what additional information is needed to process your claim. You will have 48 hours to provide any additional information requested.

We will notify you of our decision within 48 hours after we receive the requested information. Our response to an urgent care claim may be oral; if it is, we will confirm our decision in writing.

We will treat your claim as urgent if a delay in processing your claim could seriously jeopardize your life, health, or ability to regain maximum function, or if in the opinion of the treating physician, a delay would subject you to severe pain that cannot be managed without the care or treatment that is the subject of your claim.

If the claim is wholly or partly denied, our notice will include:

1. Reasons for such denial;
2. Reference to specific certificate provisions, rules or guidelines on which the denial was based;
3. A description of the additional information needed to support your claim;
4. Information concerning your right to request that we review our decision; and
5. A description of our review procedures, time limits and notice of your right to bring civil action.

Review Of Denied Claims – For non-urgent claims this request must be in writing and must be received by us no more than 180 days after you receive notice of our claim decision. A request for a review of an urgent claim may be made over the phone. As part of this review, you may:

1. Send us written comments;
2. Review any non-privileged information relating to your claim; or
3. Provide us with other information or proof in support of your claim.

We will review your claim promptly after receiving your request. We will advise you of the results of our review within 60 days after we receive your request, or within 120 days if there are special circumstances that require more time (such as the need to hold a hearing). Our decision will be in writing and will include reference to specific certificate provisions, rules or guidelines on which the decision was based, and notice of your right to bring a civil action.

If your appeal arises from our denial of an urgent claim, we will consider your appeal and notify you of our decision within 72 hours.]

Time of Payment of Claims

We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Certificate, unless otherwise stated, will be payable to the Covered Person or to his estate.

If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage that we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.

Claimant Cooperation Provision

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), the plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Certificate and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact.

All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this Certificate.

We may contract with another entity to perform this function on our behalf.

Payment of Claims to Foreign [Employees]

The [Policyholder] may, in a fiduciary capacity, receive and hold any benefits payable to Covered [Employee]s whose place of employment is other than:

1. the United States and its possessions; or
2. the Dominion of Canada.

We will not be responsible for the application or disposition by the [Policyholder] of any such benefits paid. Our payments to the [Policyholder] will constitute a full discharge of our liability for those payments under this Certificate.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under the Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Certificate. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Certificate.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

[Additional Coverage with the Company]

We will only pay benefits for a Covered Accident or Covered Sickness under one Group Hospital Indemnity Policy or Certificate if a Covered Person is covered by more than one of our Group Hospital Indemnity Policies or Certificates. A Covered Person may choose which Certificate they wish to keep in force by sending us written notice of their choice.

We will return the premiums paid for any of our other Group Hospital Indemnity Policies or Certificates during the period there was more than one such Policy or Certificate in force.]

Unpaid Premium – When a claim is paid, any premium due and unpaid by the [Policyholder] may be deducted from the claim payment.

ADMINISTRATIVE PROVISIONS

Cancellation

We or the [Policyholder] may cancel the coverage provided by this Certificate, after the first year as of any Premium Due Date, by giving the other party [31] [45] [60] [90] [120] [180] days advance written notice.

If a premium is not paid by the [Policyholder] when due, we will cancel this Certificate at the end of the last period for which premium was paid, subject to the Grace Period provision. The [Policyholder] has the sole responsibility to notify Covered Person's of such termination.

Grace Period

The [Policyholder] will be granted a Grace Period of [30] [31] [60] [90] days for payment of required premiums due after the first premium, unless:

1. we do not intend to renew the coverage provided by this Certificate beyond the period for which premium has been accepted; and
2. written notice of our intention not to renew is delivered to the [Policyholder] at least [30] [45] [60] [90] [120] [180] days before the premium is due.

This Certificate will be in force during the Grace Period. If the required premiums are not paid by the [Policyholder] during the Grace Period, insurance will end on the last day of the Grace Period. The [Policyholder] is liable to us for any unpaid premium for the time this Certificate was in force.

If a Covered Person's insurance under this Certificate is being continued under Continuation of Coverage, such person will be granted an individual Grace Period of 31 days for payment of required premiums due.

If the required premiums are not paid by the Covered Person during the individual Grace Period, such person's insurance will end on the last day of the individual Grace Period. A Covered Person's insurance under this Certificate will remain in force during the individual Grace Period. The Covered Person is liable to us for any unpaid premium for the time their coverage under this Certificate is being continued under Continuation of Coverage. .

We will reduce any benefits payable for any claims incurred during the Grace Period by the amount of premium due. If no such claims are incurred and premium is not paid during the Grace Period, insurance will end on the last day of the period for which premiums were paid.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Certificate will be based on the rates, agreed to by the [Policyholder] or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected by the [Policyholder]. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the [Policyholder].

Premium Payment

The total premium for the insurance provided by this Certificate is the sum of premiums paid:

1. by the [Policyholder] for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and
2. by Covered Persons who remain eligible for coverage under the *Continuation of Coverage* provision of this Certificate.

If any premium is not paid when due, this Certificate will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

Changes in Premium Rates

We may change the premium rates from time to time with at least 60 days advance written notice to the [Policyholder]. No change in rates will be made until 12 months after the initial effective date of the coverage provided by this Certificate. An increase in rates will not be made more often than once in a 12-month period.

However, we reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Certificate change;
2. the number of [Employee]s eligible for coverage increases or decreases by more than 10% since the latter of the initial effective date and the date of the last renewal of the coverage provided by this Certificate;
3. coverage is reinstated following failure to pay premium during the Grace Period;
4. acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by 10% or more the number of eligible individuals;
5. a change in the number of eligible individuals which would, on a manual rate basis, require a change of 10% or more in the premium rate;
6. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Certificate; or
7. the [Policyholder] fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Premium Audit

We will have the right to audit books and records of the [Policyholder] at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium paid.

GENERAL PROVISIONS

Entire Contract; Changes

The Policy [and this Certificate], including [application (if any)][,] [individual enrollment forms (if any)][,] endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in the Policy [or this Certificate] will be valid until approved by one of our executive officers and endorsed on or attached to the Policy or this Certificate. No agent has authority to change the Policy [or this Certificate], or to waive any of the Policy's [or Certificate's] provisions.

Misstatement of Age

If an age has been misstated on the enrollment form the Benefits will be those the premium paid would have purchased at the correct age.

Certificates

Where required by law, we will provide a Certificate of Insurance for delivery to the Covered Person. Each Certificate will list the benefits, conditions and limits of the Policy. It will state to whom benefits will be paid.

Assignment

The rights and benefits under this Certificate may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the [Policyholder] for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the [Policyholder]).

Incontestability

1. [Policyholder]

All statements made by the [Policyholder] to obtain the coverage provided by this Certificate are considered representations and not warranties.

No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of the coverage provided by this Certificate unless a copy of the instrument containing the statement is, or has been, furnished to the [Policyholder]. After two years from the initial effective date of the coverage provided by this Certificate, no such statement will cause the coverage provided by this Certificate to be contested except for fraud.

2. Covered Person

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Reporting Requirements

The [Policyholder] or its authorized agent must report all of the following to us by the premium due date:

1. the number of persons insured on the Certificate Effective Date;
2. the number of persons who are insured after the Certificate Effective Date;
3. the number of persons whose insurance has terminated;
4. any additional information required by us.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Certificate. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Certificate are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Certificate is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

SCHEDULE OF SURGICAL PROCEDURES

[\$500 Option]

[CPT-4 Codes]	Procedure	Amount
10060	I&D of Abscess, Simple	\$14
10061	I&D of Abscess, Complex	\$32
19000	Puncture Aspiration of cyst of Breast	\$16
19120	Removal of Breast Lesion	\$92
19180	Mastectomy, Simple	\$154
19240	Removal of Breast	\$230
20550	In Tendon/Ligament/cyst	\$12
20600	Drain/Inject Joint/Bursa	\$12
20605	Drain/Inject Joint/Bursa	\$12
22554	Neck Spine Fusion	\$500
23500	Closed tx, clavicle fracture	\$38
25560	Closed tx, radius fracture	\$72
27230	Closed tx, femur fracture.	\$110
27816	Closed tx, ankle fracture	\$78
28415	Closed tx, humerus fracture	\$244
29580	Application of Paste Boot	\$10
35301	Rechanneling of Artery	\$366

36415	Drawing blood	\$2
36489	Insertion of Catheter, Vein	\$32
36533	Insertion of Access Port	\$118
38562	Removal, Pelvic Lymph Nodes	\$244
38770	Remove Pelvis Lymph Nodes	\$296
38780	Remove Abdomen Lymph Nodes	\$488
44005	Freeing of Bowel Adhesion	\$198
44140	Partial Removal of Colon	\$284
44950	Appendectomy	\$144
44970	Laparoscopy surgical appendectomy	\$144
45378	Diagnostic Colonoscopy	\$84
45560	Repair of Rectocele	\$94
46255	Hemorrhoidectomy, internal and external	\$112
47600	Cholecystectomy	\$260
49000	Exploration of Abdomen	\$174
49320	Laparoscopy, diagnostic	\$124
49505	Repair Inguinal Hernia	\$142
49560	Repair Abdominal Hernia	\$172
50590	Lithotripsy, extracorporeal shock wave	\$332
51840	Bladder repair/vesical neck	\$240
52612	TURP	\$220
55810	Prostatectomy, perineal radical	\$412
57240	Repair Bladder & Vagina	\$136
57280	Suspension of Vagina	\$212
57282	Repair of Vaginal Prolapse	\$212
58150	Total Hysterectomy	\$250
58260	Vaginal Hysterectomy	\$242
58400	Suspension of Uterus	\$164
58600	Division of fallopian tube	\$116
58700	Removal of fallopian tube	\$152
58720	Removal of ovary/tube(s)	\$178
58740	Revise Fallopian Tube(s)	\$186
58750	Repair Oviduct	\$304
58770	Create New Tubal Opening	\$266
58925	Removal of ovarian cyst(s)	\$136
58940	Removal of ovary(s)	\$136
59121	Surgical treat of ectopic preg w/o salpingectomy	\$190
59150	Treat Ectopic Pregnancy	\$190
59400	Obstetrical Care	\$248

59409	Obstetrical Care	\$130
59410	Obstetrical Care	\$144
59510	Cesarean delivery	\$306
59851	Abortion	\$144
61154	Pierce Skull, Remove Clot	\$394
61312	Open Skull for Drainage	\$500
62284	Injection for Myelogram	\$64
63030	Low Back Disk Surgery	\$448
63035	Added Spinal Disk Surgery	\$146
63047	Removal of Spinal Lamina	\$500
63048	Removal of Spinal Lamina	\$176
63075	Neck Spine Disk Surgery	\$462
64721	Carpal Tunnel Surgery	\$144
65855	Laser Surgery of Eye	\$138
66170	Glaucoma Surgery	\$186
66761	Revision of Iris	\$110
66984	Remove Cataract, Insert Lens	\$266
67210	Treatment of Retinal Lesion	\$142
67820	Revise Eyelashes	\$14
67840	Remove Eyelid Lesion	\$36
68761	Close Tear Duct Opening	\$22[

[\$1000 Option]

**[CPT-4
Codes**

	Procedure	Amount
10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32
19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308
19240	Removal of Breast	\$460
20550	In Tendon/Ligament/cyst	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488

29580	Application of Paste Boot	\$20
35301	Rechannelling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168
45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344
50590	Lithotripsy, extracorporeal shock wave	\$664
51840	Bladder repair/vesical neck	\$480
52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272
57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424
58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical treat of ectopic preg w/o salpingectomy	\$380

59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care	\$260
59410	Obstetrical Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292
63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220
66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72
68761	Close Tear Duct Opening	\$44]

[\$1500 Option]

[CPT-4

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$42
10061	I&D of Abscess, Complex	\$96
19000	Puncture Aspiration of cyst of Breast	\$48
19120	Removal of Breast Lesion	\$276
19180	Mastectomy, Simple	\$462
19240	Removal of Breast	\$690
20550	In Tendon/Ligament/cyst	\$36
20600	Drain/Inject Joint/Bursa	\$36
20605	Drain/Inject Joint/Bursa	\$36
22554	Neck Spine Fusion	\$1,500
23500	Closed tx, clavicle fracture	\$114
25560	Closed tx, radius fracture	\$216
27230	Closed tx, femur fracture.	\$330

27816	Closed tx, ankle fracture	\$234
28415	Closed tx, humerus fracture	\$732
29580	Application of Paste Boot	\$30
35301	Rechannelling of Artery	\$1,098
36415	Drawing blood	\$6
36489	Insertion of Catheter, Vein	\$96
36533	Insertion of Access Port	\$354
38562	Removal, Pelvic Lymph Nodes	\$732
38770	Remove Pelvis Lymph Nodes	\$888
38780	Remove Abdomen Lymph Nodes	\$1,464
44005	Freeing of Bowel Adhesion	\$594
44140	Partial Removal of Colon	\$852
44950	Appendectomy	\$432
44970	Laparoscopy surgical appendectomy	\$432
45378	Diagnostic Colonoscopy	\$252
45560	Repair of Rectocele	\$282
46255	Hemorrhoidectomy, internal and external	\$336
47600	Cholecystectomy	\$780
49000	Exploration of Abdomen	\$522
49320	Laparoscopy, diagnostic	\$372
49505	Repair Inguinal Hernia	\$426
49560	Repair Abdominal Hernia	\$516
50590	Lithotripsy, extracorporeal shock wave	\$996
51840	Bladder repair/vesical neck	\$720
52612	TURP	\$660
55810	Prostatectomy, perineal radical	\$1,236
57240	Repair Bladder & Vagina	\$408
57280	Suspension of Vagina	\$636
57282	Repair of Vaginal Prolapse	\$636
58150	Total Hysterectomy	\$750
58260	Vaginal Hysterectomy	\$726
58400	Suspension of Uterus	\$492
58600	Division of fallopian tube	\$348
58700	Removal of fallopian tube	\$456
58720	Removal of ovary/tube(s)	\$534
58740	Revise Fallopian Tube(s)	\$558
58750	Repair Oviduct	\$912
58770	Create New Tubal Opening	\$798
58925	Removal of ovarian cyst(s)	\$408

58940	Removal of ovary(s)	\$408
59121	Surgical treat of ectopic preg w/o salpingectomy	\$570
59150	Treat Ectopic Pregnancy	\$570
59400	Obstetrical Care	\$744
59409	Obstetrical Care	\$390
59410	Obstetrical Care	\$432
59510	Cesarean delivery	\$918
59851	Abortion	\$432
61154	Pierce Skull, Remove Clot	\$1,182
61312	Open Skull for Drainage	\$1,500
62284	Injection for Myelogram	\$192
63030	Low Back Disk Surgery	\$1,344
63035	Added Spinal Disk Surgery	\$438
63047	Removal of Spinal Lamina	\$1,500
63048	Removal of Spinal Lamina	\$528
63075	Neck Spine Disk Surgery	\$1,386
64721	Carpal Tunnel Surgery	\$432
65855	Laser Surgery of Eye	\$414
66170	Glaucoma Surgery	\$558
66761	Revision of Iris	\$330
66984	Remove Cataract, Insert Lens	\$798
67210	Treatment of Retinal Lesion	\$426
67820	Revise Eyelashes	\$42
67840	Remove Eyelid Lesion	\$108
68761	Close Tear Duct Opening	\$66]

[\$2000 Option]

[CPT-4

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$56
10061	I&D of Abscess, Complex	\$128
19000	Puncture Aspiration of cyst of Breast	\$64
19120	Removal of Breast Lesion	\$368
19180	Mastectomy, Simple	\$616
19240	Removal of Breast	\$920
20550	In Tendon/Ligament/cyst	\$48
20600	Drain/Inject Joint/Bursa	\$48
20605	Drain/Inject Joint/Bursa	\$48
22554	Neck Spine Fusion	\$2,000
23500	Closed tx, clavicle fracture	\$152

25560	Closed tx, radius fracture	\$288
27230	Closed tx, femur fracture.	\$440
27816	Closed tx, ankle fracture	\$312
28415	Closed tx, humerus fracture	\$976
29580	Application of Paste Boot	\$40
35301	Rechannelling of Artery	\$1,464
36415	Drawing blood	\$8
36489	Insertion of Catheter, Vein	\$128
36533	Insertion of Access Port	\$472
38562	Removal, Pelvic Lymph Nodes	\$976
38770	Remove Pelvis Lymph Nodes	\$1,184
38780	Remove Abdomen Lymph Nodes	\$1,952
44005	Freeing of Bowel Adhesion	\$792
44140	Partial Removal of Colon	\$1,136
44950	Appendectomy	\$576
44970	Laparoscopy surgical appendectomy	\$576
45378	Diagnostic Colonoscopy	\$336
45560	Repair of Rectocele	\$376
46255	Hemorrhoidectomy, internal and external	\$448
47600	Cholecystectomy	\$1,040
49000	Exploration of Abdomen	\$696
49320	Laparoscopy, diagnostic	\$496
49505	Repair Inguinal Hernia	\$568
49560	Repair Abdominal Hernia	\$688
50590	Lithotripsy, extracorporeal shock wave	\$1,328
51840	Bladder repair/vesical neck	\$960
52612	TURP	\$880
55810	Prostatectomy, perineal radical	\$1,648
57240	Repair Bladder & Vagina	\$544
57280	Suspension of Vagina	\$848
57282	Repair of Vaginal Prolapse	\$848
58150	Total Hysterectomy	\$1,000
58260	Vaginal Hysterectomy	\$968
58400	Suspension of Uterus	\$656
58600	Division of fallopian tube	\$464
58700	Removal of fallopian tube	\$608
58720	Removal of ovary/tube(s)	\$712
58740	Revise Fallopian Tube(s)	\$744
58750	Repair Oviduct	\$1,216

58770	Create New Tubal Opening	\$1,064
58925	Removal of ovarian cyst(s)	\$544
58940	Removal of ovary(s)	\$544
59121	Surgical treat of ectopic preg w/o salpingectomy	\$760
59150	Treat Ectopic Pregnancy	\$760
59400	Obstetrical Care	\$992
59409	Obstetrical Care	\$520
59410	Obstetrical Care	\$576
59510	Cesarean delivery	\$1,224
59851	Abortion	\$576
61154	Pierce Skull, Remove Clot	\$1,576
61312	Open Skull for Drainage	\$2,000
62284	Injection for Myelogram	\$256
63030	Low Back Disk Surgery	\$1,792
63035	Added Spinal Disk Surgery	\$584
63047	Removal of Spinal Lamina	\$2,000
63048	Removal of Spinal Lamina	\$704
63075	Neck Spine Disk Surgery	\$1,848
64721	Carpal Tunnel Surgery	\$576
65855	Laser Surgery of Eye	\$552
66170	Glaucoma Surgery	\$744
66761	Revision of Iris	\$440
66984	Remove Cataract, Insert Lens	\$1,064
67210	Treatment of Retinal Lesion	\$568
67820	Revise Eyelashes	\$56
67840	Remove Eyelid Lesion	\$144
68761	Close Tear Duct Opening	\$88]

[\$2500 Option]

**[CPT-4
Codes**

Procedure	Amount
10060 I&D of Abscess, Simple	\$70
10061 I&D of Abscess, Complex	\$160
19000 Puncture Aspiration of cyst of Breast	\$80
19120 Removal of Breast Lesion	\$460
19180 Mastectomy, Simple	\$770
19240 Removal of Breast	\$1,150
20550 In Tendon/Ligament/cyst	\$60
20600 Drain/Inject Joint/Bursa	\$60
20605 Drain/Inject Joint/Bursa	\$60

22554	Neck Spine Fusion	\$2,500
23500	Closed tx, clavicle fracture	\$190
25560	Closed tx, radius fracture	\$360
27230	Closed tx, femur fracture.	\$550
27816	Closed tx, ankle fracture	\$390
28415	Closed tx, humerus fracture	\$1,220
29580	Application of Paste Boot	\$50
35301	Rechannelling of Artery	\$1,830
36415	Drawing blood	\$10
36489	Insertion of Catheter, Vein	\$160
36533	Insertion of Access Port	\$590
38562	Removal, Pelvic Lymph Nodes	\$1,220
38770	Remove Pelvis Lymph Nodes	\$1,480
38780	Remove Abdomen Lymph Nodes	\$2,440
44005	Freeing of Bowel Adhesion	\$990
44140	Partial Removal of Colon	\$1,420
44950	Appendectomy	\$720
44970	Laparoscopy surgical appendectomy	\$720
45378	Diagnostic Colonoscopy	\$420
45560	Repair of Rectocele	\$470
46255	Hemorrhoidectomy, internal and external	\$560
47600	Cholecystectomy	\$1,300
49000	Exploration of Abdomen	\$870
49320	Laparoscopy, diagnostic	\$620
49505	Repair Inguinal Hernia	\$710
49560	Repair Abdominal Hernia	\$860
50590	Lithotripsy, extracorporeal shock wave	\$1,660
51840	Bladder repair/vesical neck	\$1,200
52612	TURP	\$1,100
55810	Prostatectomy, perineal radical	\$2,060
57240	Repair Bladder & Vagina	\$680
57280	Suspension of Vagina	\$1,060
57282	Repair of Vaginal Prolapse	\$1,060
58150	Total Hysterectomy	\$1,250
58260	Vaginal Hysterectomy	\$1,210
58400	Suspension of Uterus	\$820
58600	Division of fallopian tube	\$580
58700	Removal of fallopian tube	\$760
58720	Removal of ovary/tube(s)	\$890

58740	Revise Fallopian Tube(s)	\$930
58750	Repair Oviduct	\$1,520
58770	Create New Tubal Opening	\$1,330
58925	Removal of ovarian cyst(s)	\$680
58940	Removal of ovary(s)	\$680
59121	Surgical treat of ectopic preg w/o salpingectomy	\$950
59150	Treat Ectopic Pregnancy	\$950
59400	Obstetrical Care	\$1,240
59409	Obstetrical Care	\$650
59410	Obstetrical Care	\$720
59510	Cesarean delivery	\$1,530
59851	Abortion	\$720
61154	Pierce Skull, Remove Clot	\$1,970
61312	Open Skull for Drainage	\$2,500
62284	Injection for Myelogram	\$320
63030	Low Back Disk Surgery	\$2,240
63035	Added Spinal Disk Surgery	\$730
63047	Removal of Spinal Lamina	\$2,500
63048	Removal of Spinal Lamina	\$880
63075	Neck Spine Disk Surgery	\$2,310
64721	Carpal Tunnel Surgery	\$720
65855	Laser Surgery of Eye	\$690
66170	Glaucoma Surgery	\$930
66761	Revision of Iris	\$550
66984	Remove Cataract, Insert Lens	\$1,330
67210	Treatment of Retinal Lesion	\$710
67820	Revise Eyelashes	\$70
67840	Remove Eyelid Lesion	\$180
68761	Close Tear Duct Opening	\$110]

[\$3000 Option]

**[CPT-4
Codes**

Procedure	Amount
10060 I&D of Abscess, Simple	\$84
10061 I&D of Abscess, Complex	\$192
19000 Puncture Aspiration of cyst of Breast	\$96
19120 Removal of Breast Lesion	\$552
19180 Mastectomy, Simple	\$924
19240 Removal of Breast	\$1,380
20550 In Tendon/Ligament/cyst	\$72

20600	Drain/Inject Joint/Bursa	\$72
20605	Drain/Inject Joint/Bursa	\$72
22554	Neck Spine Fusion	\$3,000
23500	Closed tx, clavicle fracture	\$228
25560	Closed tx, radius fracture	\$432
27230	Closed tx, femur fracture.	\$660
27816	Closed tx, ankle fracture	\$468
28415	Closed tx, humerus fracture	\$1,464
29580	Application of Paste Boot	\$60
35301	Rechannelling of Artery	\$2,196
36415	Drawing blood	\$12
36489	Insertion of Catheter, Vein	\$192
36533	Insertion of Access Port	\$708
38562	Removal, Pelvic Lymph Nodes	\$1,464
38770	Remove Pelvis Lymph Nodes	\$1,776
38780	Remove Abdomen Lymph Nodes	\$2,928
44005	Freeing of Bowel Adhesion	\$1,188
44140	Partial Removal of Colon	\$1,704
44950	Appendectomy	\$864
44970	Laparoscopy surgical appendectomy	\$864
45378	Diagnostic Colonoscopy	\$504
45560	Repair of Rectocele	\$564
46255	Hemorrhoidectomy, internal and external	\$672
47600	Cholecystectomy	\$1,560
49000	Exploration of Abdomen	\$1,044
49320	Laparoscopy, diagnostic	\$744
49505	Repair Inguinal Hernia	\$852
49560	Repair Abdominal Hernia	\$1,032
50590	Lithotripsy, extracorporeal shock wave	\$1,992
51840	Bladder repair/vesical neck	\$1,440
52612	TURP	\$1,320
55810	Prostatectomy, perineal radical	\$2,472
57240	Repair Bladder & Vagina	\$816
57280	Suspension of Vagina	\$1,272
57282	Repair of Vaginal Prolapse	\$1,272
58150	Total Hysterectomy	\$1,500
58260	Vaginal Hysterectomy	\$1,452
58400	Suspension of Uterus	\$984
58600	Division of fallopian tube	\$696

58700	Removal of fallopian tube	\$912
58720	Removal of ovary/tube(s)	\$1,068
58740	Revise Fallopian Tube(s)	\$1,116
58750	Repair Oviduct	\$1,824
58770	Create New Tubal Opening	\$1,596
58925	Removal of ovarian cyst(s)	\$816
58940	Removal of ovary(s)	\$816
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,140
59150	Treat Ectopic Pregnancy	\$1,140
59400	Obstetrical Care	\$1,488
59409	Obstetrical Care	\$780
59410	Obstetrical Care	\$864
59510	Cesarean delivery	\$1,836
59851	Abortion	\$864
61154	Pierce Skull, Remove Clot	\$2,364
61312	Open Skull for Drainage	\$3,000
62284	Injection for Myelogram	\$384
63030	Low Back Disk Surgery	\$2,688
63035	Added Spinal Disk Surgery	\$876
63047	Removal of Spinal Lamina	\$3,000
63048	Removal of Spinal Lamina	\$1,056
63075	Neck Spine Disk Surgery	\$2,772
64721	Carpal Tunnel Surgery	\$864
65855	Laser Surgery of Eye	\$828
66170	Glaucoma Surgery	\$1,116
66761	Revision of Iris	\$660
66984	Remove Cataract, Insert Lens	\$1,596
67210	Treatment of Retinal Lesion	\$852
67820	Revise Eyelashes	\$84
67840	Remove Eyelid Lesion	\$216
68761	Close Tear Duct Opening	\$132]

[\$3500 Option]

**[CPT-4
Codes**

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$98
10061	I&D of Abscess, Complex	\$224
19000	Puncture Aspiration of cyst of Breast	\$112
19120	Removal of Breast Lesion	\$644
19180	Mastectomy, Simple	\$1,078

19240	Removal of Breast	\$1,610
20550	In Tendon/Ligament/cyst	\$84
20600	Drain/Inject Joint/Bursa	\$84
20605	Drain/Inject Joint/Bursa	\$84
22554	Neck Spine Fusion	\$3,500
23500	Closed tx, clavicle fracture	\$266
25560	Closed tx, radius fracture	\$504
27230	Closed tx, femur fracture.	\$770
27816	Closed tx, ankle fracture	\$546
28415	Closed tx, humerus fracture	\$1,708
29580	Application of Paste Boot	\$70
35301	Rechannelling of Artery	\$2,562
36415	Drawing blood	\$14
36489	Insertion of Catheter, Vein	\$224
36533	Insertion of Access Port	\$826
38562	Removal, Pelvic Lymph Nodes	\$1,708
38770	Remove Pelvis Lymph Nodes	\$2,072
38780	Remove Abdomen Lymph Nodes	\$3,416
44005	Freeing of Bowel Adhesion	\$1,386
44140	Partial Removal of Colon	\$1,988
44950	Appendectomy	\$1,008
44970	Laparoscopy surgical appendectomy	\$1,008
45378	Diagnostic Colonoscopy	\$588
45560	Repair of Rectocele	\$658
46255	Hemorrhoidectomy, internal and external	\$784
47600	Cholecystectomy	\$1,820
49000	Exploration of Abdomen	\$1,218
49320	Laparoscopy, diagnostic	\$868
49505	Repair Inguinal Hernia	\$994
49560	Repair Abdominal Hernia	\$1,204
50590	Lithotripsy, extracorporeal shock wave	\$2,324
51840	Bladder repair/vesical neck	\$1,680
52612	TURP	\$1,540
55810	Prostatectomy, perineal radical	\$2,884
57240	Repair Bladder & Vagina	\$952
57280	Suspension of Vagina	\$1,484
57282	Repair of Vaginal Prolapse	\$1,484
58150	Total Hysterectomy	\$1,750
58260	Vaginal Hysterectomy	\$1,694

58400	Suspension of Uterus	\$1,148
58600	Division of fallopian tube	\$812
58700	Removal of fallopian tube	\$1,064
58720	Removal of ovary/tube(s)	\$1,246
58740	Revise Fallopian Tube(s)	\$1,302
58750	Repair Oviduct	\$2,128
58770	Create New Tubal Opening	\$1,862
58925	Removal of ovarian cyst(s)	\$952
58940	Removal of ovary(s)	\$952
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,330
59150	Treat Ectopic Pregnancy	\$1,330
59400	Obstetrical Care	\$1,736
59409	Obstetrical Care	\$910
59410	Obstetrical Care	\$1,008
59510	Cesarean delivery	\$2,142
59851	Abortion	\$1,008
61154	Pierce Skull, Remove Clot	\$2,758
61312	Open Skull for Drainage	\$3,500
62284	Injection for Myelogram	\$448
63030	Low Back Disk Surgery	\$3,136
63035	Added Spinal Disk Surgery	\$1,022
63047	Removal of Spinal Lamina	\$3,500
63048	Removal of Spinal Lamina	\$1,232
63075	Neck Spine Disk Surgery	\$3,234
64721	Carpal Tunnel Surgery	\$1,008
65855	Laser Surgery of Eye	\$966
66170	Glaucoma Surgery	\$1,302
66761	Revision of Iris	\$770
66984	Remove Cataract, Insert Lens	\$1,862
67210	Treatment of Retinal Lesion	\$994
67820	Revise Eyelashes	\$98
67840	Remove Eyelid Lesion	\$252
68761	Close Tear Duct Opening	\$154]

[\$4000 Option]

[CPT-4

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$112
10061	I&D of Abscess, Complex	\$256
19000	Puncture Aspiration of cyst of Breast	\$128

19120	Removal of Breast Lesion	\$736
19180	Mastectomy, Simple	\$1,232
19240	Removal of Breast	\$1,840
20550	In Tendon/Ligament/cyst	\$96
20600	Drain/Inject Joint/Bursa	\$96
20605	Drain/Inject Joint/Bursa	\$96
22554	Neck Spine Fusion	\$4,000
23500	Closed tx, clavicle fracture	\$304
25560	Closed tx, radius fracture	\$576
27230	Closed tx, femur fracture.	\$880
27816	Closed tx, ankle fracture	\$624
28415	Closed tx, humerus fracture	\$1,952
29580	Application of Paste Boot	\$80
35301	Rechannelling of Artery	\$2,928
36415	Drawing blood	\$16
36489	Insertion of Catheter, Vein	\$256
36533	Insertion of Access Port	\$944
38562	Removal, Pelvic Lymph Nodes	\$1,952
38770	Remove Pelvis Lymph Nodes	\$2,368
38780	Remove Abdomen Lymph Nodes	\$3,904
44005	Freeing of Bowel Adhesion	\$1,584
44140	Partial Removal of Colon	\$2,272
44950	Appendectomy	\$1,152
44970	Laparoscopy surgical appendectomy	\$1,152
45378	Diagnostic Colonoscopy	\$672
45560	Repair of Rectocele	\$752
46255	Hemorrhoidectomy, internal and external	\$896
47600	Cholecystectomy	\$2,080
49000	Exploration of Abdomen	\$1,392
49320	Laparoscopy, diagnostic	\$992
49505	Repair Inguinal Hernia	\$1,136
49560	Repair Abdominal Hernia	\$1,376
50590	Lithotripsy, extracorporeal shock wave	\$2,656
51840	Bladder repair/vesical neck	\$1,920
52612	TURP	\$1,760
55810	Prostatectomy, perineal radical	\$3,296
57240	Repair Bladder & Vagina	\$1,088
57280	Suspension of Vagina	\$1,696
57282	Repair of Vaginal Prolapse	\$1,696

58150	Total Hysterectomy	\$2,000
58260	Vaginal Hysterectomy	\$1,936
58400	Suspension of Uterus	\$1,312
58600	Division of fallopian tube	\$928
58700	Removal of fallopian tube	\$1,216
58720	Removal of ovary/tube(s)	\$1,424
58740	Revise Fallopian Tube(s)	\$1,488
58750	Repair Oviduct	\$2,432
58770	Create New Tubal Opening	\$2,128
58925	Removal of ovarian cyst(s)	\$1,088
58940	Removal of ovary(s)	\$1,088
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,520
59150	Treat Ectopic Pregnancy	\$1,520
59400	Obstetrical Care	\$1,984
59409	Obstetrical Care	\$1,040
59410	Obstetrical Care	\$1,152
59510	Cesarean delivery	\$2,448
59851	Abortion	\$1,152
61154	Pierce Skull, Remove Clot	\$3,152
61312	Open Skull for Drainage	\$4,000
62284	Injection for Myelogram	\$512
63030	Low Back Disk Surgery	\$3,584
63035	Added Spinal Disk Surgery	\$1,168
63047	Removal of Spinal Lamina	\$4,000
63048	Removal of Spinal Lamina	\$1,408
63075	Neck Spine Disk Surgery	\$3,696
64721	Carpal Tunnel Surgery	\$1,152
65855	Laser Surgery of Eye	\$1,104
66170	Glaucoma Surgery	\$1,488
66761	Revision of Iris	\$880
66984	Remove Cataract, Insert Lens	\$2,128
67210	Treatment of Retinal Lesion	\$1,136
67820	Revise Eyelashes	\$112
67840	Remove Eyelid Lesion	\$288
68761	Close Tear Duct Opening	\$176]

[\$4500 Option]

**[CPT-4
Codes**

Procedure	Amount
10060 I&D of Abscess, Simple	\$126

10061	I&D of Abscess, Complex	\$288
19000	Puncture Aspiration of cyst of Breast	\$144
19120	Removal of Breast Lesion	\$828
19180	Mastectomy, Simple	\$1,386
19240	Removal of Breast	\$2,070
20550	In Tendon/Ligament/cyst	\$108
20600	Drain/Inject Joint/Bursa	\$108
20605	Drain/Inject Joint/Bursa	\$108
22554	Neck Spine Fusion	\$4,500
23500	Closed tx, clavicle fracture	\$342
25560	Closed tx, radius fracture	\$648
27230	Closed tx, femur fracture.	\$990
27816	Closed tx, ankle fracture	\$702
28415	Closed tx, humerus fracture	\$2,196
29580	Application of Paste Boot	\$90
35301	Rechannelling of Artery	\$3,294
36415	Drawing blood	\$18
36489	Insertion of Catheter, Vein	\$288
36533	Insertion of Access Port	\$1,062
38562	Removal, Pelvic Lymph Nodes	\$2,196
38770	Remove Pelvis Lymph Nodes	\$2,664
38780	Remove Abdomen Lymph Nodes	\$4,392
44005	Freeing of Bowel Adhesion	\$1,782
44140	Partial Removal of Colon	\$2,556
44950	Appendectomy	\$1,296
44970	Laparoscopy surgical appendectomy	\$1,296
45378	Diagnostic Colonoscopy	\$756
45560	Repair of Rectocele	\$846
46255	Hemorrhoidectomy, internal and external	\$1,008
47600	Cholecystectomy	\$2,340
49000	Exploration of Abdomen	\$1,566
49320	Laparoscopy, diagnostic	\$1,116
49505	Repair Inguinal Hernia	\$1,278
49560	Repair Abdominal Hernia	\$1,548
50590	Lithotripsy, extracorporeal shock wave	\$2,988
51840	Bladder repair/vesical neck	\$2,160
52612	TURP	\$1,980
55810	Prostatectomy, perineal radical	\$3,708
57240	Repair Bladder & Vagina	\$1,224

57280	Suspension of Vagina	\$1,908
57282	Repair of Vaginal Prolapse	\$1,908
58150	Total Hysterectomy	\$2,250
58260	Vaginal Hysterectomy	\$2,178
58400	Suspension of Uterus	\$1,476
58600	Division of fallopian tube	\$1,044
58700	Removal of fallopian tube	\$1,368
58720	Removal of ovary/tube(s)	\$1,602
58740	Revise Fallopian Tube(s)	\$1,674
58750	Repair Oviduct	\$2,736
58770	Create New Tubal Opening	\$2,394
58925	Removal of ovarian cyst(s)	\$1,224
58940	Removal of ovary(s)	\$1,224
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,710
59150	Treat Ectopic Pregnancy	\$1,710
59400	Obstetrical Care	\$2,232
59409	Obstetrical Care	\$1,170
59410	Obstetrical Care	\$1,296
59510	Cesarean delivery	\$2,754
59851	Abortion	\$1,296
61154	Pierce Skull, Remove Clot	\$3,546
61312	Open Skull for Drainage	\$4,500
62284	Injection for Myelogram	\$576
63030	Low Back Disk Surgery	\$4,032
63035	Added Spinal Disk Surgery	\$1,314
63047	Removal of Spinal Lamina	\$4,500
63048	Removal of Spinal Lamina	\$1,584
63075	Neck Spine Disk Surgery	\$4,158
64721	Carpal Tunnel Surgery	\$1,296
65855	Laser Surgery of Eye	\$1,242
66170	Glaucoma Surgery	\$1,674
66761	Revision of Iris	\$990
66984	Remove Cataract, Insert Lens	\$2,394
67210	Treatment of Retinal Lesion	\$1,278
67820	Revise Eyelashes	\$126
67840	Remove Eyelid Lesion	\$324
68761	Close Tear Duct Opening	\$198]

[\$5000 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$140
10061	I&D of Abscess, Complex	\$320
19000	Puncture Aspiration of cyst of Breast	\$160
19120	Removal of Breast Lesion	\$920
19180	Mastectomy, Simple	\$1,540
19240	Removal of Breast	\$2,300
20550	In Tendon/Ligament/cyst	\$120
20600	Drain/Inject Joint/Bursa	\$120
20605	Drain/Inject Joint/Bursa	\$120
22554	Neck Spine Fusion	\$5,000
23500	Closed tx, clavicle fracture	\$380
25560	Closed tx, radius fracture	\$720
27230	Closed tx, femur fracture.	\$1,100
27816	Closed tx, ankle fracture	\$780
28415	Closed tx, humerus fracture	\$2,440
29580	Application of Paste Boot	\$100
35301	Rechannelling of Artery	\$3,660
36415	Drawing blood	\$20
36489	Insertion of Catheter, Vein	\$320
36533	Insertion of Access Port	\$1,180
38562	Removal, Pelvic Lymph Nodes	\$2,440
38770	Remove Pelvis Lymph Nodes	\$2,960
38780	Remove Abdomen Lymph Nodes	\$4,880
44005	Freeing of Bowel Adhesion	\$1,980
44140	Partial Removal of Colon	\$2,840
44950	Appendectomy	\$1,440
44970	Laparoscopy surgical appendectomy	\$1,440
45378	Diagnostic Colonoscopy	\$840
45560	Repair of Rectocele	\$940
46255	Hemorrhoidectomy, internal and external	\$1,120
47600	Cholecystectomy	\$2,600
49000	Exploration of Abdomen	\$1,740
49320	Laparoscopy, diagnostic	\$1,240
49505	Repair Inguinal Hernia	\$1,420
49560	Repair Abdominal Hernia	\$1,720
50590	Lithotripsy, extracorporeal shock wave	\$3,320
51840	Bladder repair/vesical neck	\$2,400

52612	TURP	\$2,200
55810	Prostatectomy, perineal radical	\$4,120
57240	Repair Bladder & Vagina	\$1,360
57280	Suspension of Vagina	\$2,120
57282	Repair of Vaginal Prolapse	\$2,120
58150	Total Hysterectomy	\$2,500
58260	Vaginal Hysterectomy	\$2,420
58400	Suspension of Uterus	\$1,640
58600	Division of fallopian tube	\$1,160
58700	Removal of fallopian tube	\$1,520
58720	Removal of ovary/tube(s)	\$1,780
58740	Revise Fallopian Tube(s)	\$1,860
58750	Repair Oviduct	\$3,040
58770	Create New Tubal Opening	\$2,660
58925	Removal of ovarian cyst(s)	\$1,360
58940	Removal of ovary(s)	\$1,360
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,900
59150	Treat Ectopic Pregnancy	\$1,900
59400	Obstetrical Care	\$2,480
59409	Obstetrical Care	\$1,300
59410	Obstetrical Care	\$1,440
59510	Cesarean delivery	\$3,060
59851	Abortion	\$1,440
61154	Pierce Skull, Remove Clot	\$3,940
61312	Open Skull for Drainage	\$5,000
62284	Injection for Myelogram	\$640
63030	Low Back Disk Surgery	\$4,480
63035	Added Spinal Disk Surgery	\$1,460
63047	Removal of Spinal Lamina	\$5,000
63048	Removal of Spinal Lamina	\$1,760
63075	Neck Spine Disk Surgery	\$4,620
64721	Carpal Tunnel Surgery	\$1,440
65855	Laser Surgery of Eye	\$1,380
66170	Glaucoma Surgery	\$1,860
66761	Revision of Iris	\$1,100
66984	Remove Cataract, Insert Lens	\$2,660
67210	Treatment of Retinal Lesion	\$1,420
67820	Revise Eyelashes	\$140
67840	Remove Eyelid Lesion	\$360

68761	Close Tear Duct Opening	\$220]
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[\$5,500 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$154
10061	I&D of Abscess, Complex	\$352
19000	Puncture Aspiration of cyst of Breast	\$176
19120	Removal of Breast Lesion	\$1,012
19180	Mastectomy, Simple	\$1,694
19240	Removal of Breast	\$2,530
20550	In Tendon/Ligament/cyst	\$132
20600	Drain/Inject Joint/Bursa	\$132
20605	Drain/Inject Joint/Bursa	\$132
22554	Neck Spine Fusion	\$5,500
23500	Closed tx, clavicle fracture	\$418
25560	Closed tx, radius fracture	\$792
27230	Closed tx, femur fracture.	\$1,210
27816	Closed tx, ankle fracture	\$858
28415	Closed tx, humerus fracture	\$2,684
29580	Application of Paste Boot	\$110
35301	Rechannelling of Artery	\$4,026
36415	Drawing blood	\$22
36489	Insertion of Catheter, Vein	\$352
36533	Insertion of Access Port	\$1,298
38562	Removal, Pelvic Lymph Nodes	\$2,684
38770	Remove Pelvis Lymph Nodes	\$3,256
38780	Remove Abdomen Lymph Nodes	\$5,368
44005	Freeing of Bowel Adhesion	\$2,178
44140	Partial Removal of Colon	\$3,124
44950	Appendectomy	\$1,584
44970	Laparoscopy surgical appendectomy	\$1,584
45378	Diagnostic Colonoscopy	\$924
45560	Repair of Rectocele	\$1,034
46255	Hemorrhoidectomy, internal and external	\$1,232
47600	Cholecystectomy	\$2,860
49000	Exploration of Abdomen	\$1,914
49320	Laparoscopy, diagnostic	\$1,364
49505	Repair Inguinal Hernia	\$1,562
49560	Repair Abdominal Hernia	\$1,892

50590	Lithotripsy, extracorporeal shock wave	\$3,652
51840	Bladder repair/vesical neck	\$2,640
52612	TURP	\$2,420
55810	Prostatectomy, perineal radical	\$4,532
57240	Repair Bladder & Vagina	\$1,496
57280	Suspension of Vagina	\$2,332
57282	Repair of Vaginal Prolapse	\$2,332
58150	Total Hysterectomy	\$2,750
58260	Vaginal Hysterectomy	\$2,662
58400	Suspension of Uterus	\$1,804
58600	Division of fallopian tube	\$1,276
58700	Removal of fallopian tube	\$1,672
58720	Removal of ovary/tube(s)	\$1,958
58740	Revise Fallopian Tube(s)	\$2,046
58750	Repair Oviduct	\$3,344
58770	Create New Tubal Opening	\$2,926
58925	Removal of ovarian cyst(s)	\$1,496
58940	Removal of ovary(s)	\$1,496
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,090
59150	Treat Ectopic Pregnancy	\$2,090
59400	Obstetrical Care	\$2,728
59409	Obstetrical Care	\$1,430
59410	Obstetrical Care	\$1,584
59510	Cesarean delivery	\$3,366
59851	Abortion	\$1,584
61154	Pierce Skull, Remove Clot	\$4,334
61312	Open Skull for Drainage	\$5,500
62284	Injection for Myelogram	\$704
63030	Low Back Disk Surgery	\$4,928
63035	Added Spinal Disk Surgery	\$1,606
63047	Removal of Spinal Lamina	\$5,500
63048	Removal of Spinal Lamina	\$1,936
63075	Neck Spine Disk Surgery	\$5,082
64721	Carpal Tunnel Surgery	\$1,584
65855	Laser Surgery of Eye	\$1,518
66170	Glaucoma Surgery	\$2,046
66761	Revision of Iris	\$1,210
66821	After Cataract Laser Surgery	\$1,122
66984	Remove Cataract, Insert Lens	\$2,926

67210	Treatment of Retinal Lesion	\$1,562
67228	Treatment of Retinal Lesion	\$1,672
67820	Revise Eyelashes	\$154
67840	Remove Eyelid Lesion	\$396
68761	Close Tear Duct Opening	\$242]

[\$6,000 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$168
10061	I&D of Abscess, Complex	\$384
19000	Puncture Aspiration of cyst of Breast	\$192
19120	Removal of Breast Lesion	\$1,104
19180	Mastectomy, Simple	\$1,848
19240	Removal of Breast	\$2,760
20550	In Tendon/Ligament/cyst	\$144
20600	Drain/Inject Joint/Bursa	\$144
20605	Drain/Inject Joint/Bursa	\$144
22554	Neck Spine Fusion	\$6,000
23500	Closed tx, clavicle fracture	\$456
25560	Closed tx, radius fracture	\$864
27230	Closed tx, femur fracture.	\$1,320
27816	Closed tx, ankle fracture	\$936
28415	Closed tx, humerus fracture	\$2,928
29580	Application of Paste Boot	\$120
35301	Rechanneling of Artery	\$4,392
36415	Drawing blood	\$24
36489	Insertion of Catheter, Vein	\$384
36533	Insertion of Access Port	\$1,416
38562	Removal, Pelvic Lymph Nodes	\$2,928
38770	Remove Pelvis Lymph Nodes	\$3,552
38780	Remove Abdomen Lymph Nodes	\$5,856
44005	Freeing of Bowel Adhesion	\$2,376
44140	Partial Removal of Colon	\$3,408
44950	Appendectomy	\$1,728
44970	Laparoscopy surgical appendectomy	\$1,728
45378	Diagnostic Colonoscopy	\$1,008
45560	Repair of Rectocele	\$1,128
46255	Hemorrhoidectomy, internal and external	\$1,344
47600	Cholecystectomy	\$3,120

49000	Exploration of Abdomen	\$2,088
49320	Laparoscopy, diagnostic	\$1,488
49505	Repair Inguinal Hernia	\$1,704
49560	Repair Abdominal Hernia	\$2,064
50590	Lithotripsy, extracorporeal shock wave	\$3,984
51840	Bladder repair/vesical neck	\$2,880
52612	TURP	\$2,640
55810	Prostatectomy, perineal radical	\$4,944
57240	Repair Bladder & Vagina	\$1,632
57280	Suspension of Vagina	\$2,544
57282	Repair of Vaginal Prolapse	\$2,544
58150	Total Hysterectomy	\$3,000
58260	Vaginal Hysterectomy	\$2,904
58400	Suspension of Uterus	\$1,968
58600	Division of fallopian tube	\$1,392
58700	Removal of fallopian tube	\$1,824
58720	Removal of ovary/tube(s)	\$2,136
58740	Revise Fallopian Tube(s)	\$2,232
58750	Repair Oviduct	\$3,648
58770	Create New Tubal Opening	\$3,192
58925	Removal of ovarian cyst(s)	\$1,632
58940	Removal of ovary(s)	\$1,632
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,280
59150	Treat Ectopic Pregnancy	\$2,280
59400	Obstetrical Care	\$2,976
59409	Obstetrical Care	\$1,560
59410	Obstetrical Care	\$1,728
59510	Cesarean delivery	\$3,672
59851	Abortion	\$1,728
61154	Pierce Skull, Remove Clot	\$4,728
61312	Open Skull for Drainage	\$6,000
62284	Injection for Myelogram	\$768
63030	Low Back Disk Surgery	\$5,376
63035	Added Spinal Disk Surgery	\$1,752
63047	Removal of Spinal Lamina	\$6,000
63048	Removal of Spinal Lamina	\$2,112
63075	Neck Spine Disk Surgery	\$5,544
64721	Carpal Tunnel Surgery	\$1,728
65855	Laser Surgery of Eye	\$1,656

66170	Glaucoma Surgery	\$2,232
66761	Revision of Iris	\$1,320
66821	After Cataract Laser Surgery	\$1,224
66984	Remove Cataract, Insert Lens	\$3,192
67210	Treatment of Retinal Lesion	\$1,704
67228	Treatment of Retinal Lesion	\$1,824
67820	Revise Eyelashes	\$168
67840	Remove Eyelid Lesion	\$432
68761	Close Tear Duct Opening	\$264]

[\$6,500 Option]

[CPT-4 Codes]	Procedure	Amount
10060	I&D of Abscess, Simple	\$182
10061	I&D of Abscess, Complex	\$416
19000	Puncture Aspiration of cyst of Breast	\$208
19120	Removal of Breast Lesion	\$1,196
19180	Mastectomy, Simple	\$2,002
19240	Removal of Breast	\$2,990
20550	In Tendon/Ligament/cyst	\$156
20600	Drain/Inject Joint/Bursa	\$156
20605	Drain/Inject Joint/Bursa	\$156
22554	Neck Spine Fusion	\$6,500
23500	Closed tx, clavicle fracture	\$494
25560	Closed tx, radius fracture	\$936
27230	Closed tx, femur fracture.	\$1,430
27816	Closed tx, ankle fracture	\$1,014
28415	Closed tx, humerus fracture	\$3,172
29580	Application of Paste Boot	\$130
35301	Rechannelling of Artery	\$4,758
36415	Drawing blood	\$26
36489	Insertion of Catheter, Vein	\$416
36533	Insertion of Access Port	\$1,534
38562	Removal, Pelvic Lymph Nodes	\$3,172
38770	Remove Pelvis Lymph Nodes	\$3,848
38780	Remove Abdomen Lymph Nodes	\$6,344
44005	Freeing of Bowel Adhesion	\$2,574
44140	Partial Removal of Colon	\$3,692
44950	Appendectomy	\$1,872
44970	Laparoscopy surgical appendectomy	\$1,872

45378	Diagnostic Colonoscopy	\$1,092
45560	Repair of Rectocele	\$1,222
46255	Hemorrhoidectomy, internal and external	\$1,456
47600	Cholecystectomy	\$3,380
49000	Exploration of Abdomen	\$2,262
49320	Laparoscopy, diagnostic	\$1,612
49505	Repair Inguinal Hernia	\$1,846
49560	Repair Abdominal Hernia	\$2,236
50590	Lithotripsy, extracorporeal shock wave	\$4,316
51840	Bladder repair/vesical neck	\$3,120
52612	TURP	\$2,860
55810	Prostatectomy, perineal radical	\$5,356
57240	Repair Bladder & Vagina	\$1,768
57280	Suspension of Vagina	\$2,756
57282	Repair of Vaginal Prolapse	\$2,756
58150	Total Hysterectomy	\$3,250
58260	Vaginal Hysterectomy	\$3,146
58400	Suspension of Uterus	\$2,132
58600	Division of fallopian tube	\$1,508
58700	Removal of fallopian tube	\$1,976
58720	Removal of ovary/tube(s)	\$2,314
58740	Revise Fallopian Tube(s)	\$2,418
58750	Repair Oviduct	\$3,952
58770	Create New Tubal Opening	\$3,458
58925	Removal of ovarian cyst(s)	\$1,768
58940	Removal of ovary(s)	\$1,768
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,470
59150	Treat Ectopic Pregnancy	\$2,470
59400	Obstetrical Care	\$3,224
59409	Obstetrical Care	\$1,690
59410	Obstetrical Care	\$1,872
59510	Cesarean delivery	\$3,978
59851	Abortion	\$1,872
61154	Pierce Skull, Remove Clot	\$5,122
61312	Open Skull for Drainage	\$6,500
62284	Injection for Myelogram	\$832
63030	Low Back Disk Surgery	\$5,824
63035	Added Spinal Disk Surgery	\$1,898
63047	Removal of Spinal Lamina	\$6,500

63048	Removal of Spinal Lamina	\$2,288
63075	Neck Spine Disk Surgery	\$6,006
64721	Carpal Tunnel Surgery	\$1,872
65855	Laser Surgery of Eye	\$1,794
66170	Glaucoma Surgery	\$2,418
66761	Revision of Iris	\$1,430
66821	After Cataract Laser Surgery	\$1,326
66984	Remove Cataract, Insert Lens	\$3,458
67210	Treatment of Retinal Lesion	\$1,846
67228	Treatment of Retinal Lesion	\$1,976
67820	Revise Eyelashes	\$182
67840	Remove Eyelid Lesion	\$468
68761	Close Tear Duct Opening	\$286]

[\$7,000 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$196
10061	I&D of Abscess, Complex	\$448
19000	Puncture Aspiration of cyst of Breast	\$224
19120	Removal of Breast Lesion	\$1,288
19180	Mastectomy, Simple	\$2,156
19240	Removal of Breast	\$3,220
20550	In Tendon/Ligament/cyst	\$168
20600	Drain/Inject Joint/Bursa	\$168
20605	Drain/Inject Joint/Bursa	\$168
22554	Neck Spine Fusion	\$7,000
23500	Closed tx, clavicle fracture	\$532
25560	Closed tx, radius fracture	\$1,008
27230	Closed tx, femur fracture.	\$1,540
27816	Closed tx, ankle fracture	\$1,092
28415	Closed tx, humerus fracture	\$3,416
29580	Application of Paste Boot	\$140
35301	Rechannelling of Artery	\$5,124
36415	Drawing blood	\$28
36489	Insertion of Catheter, Vein	\$448
36533	Insertion of Access Port	\$1,652
38562	Removal, Pelvic Lymph Nodes	\$3,416
38770	Remove Pelvis Lymph Nodes	\$4,144
38780	Remove Abdomen Lymph Nodes	\$6,832

44005	Freeing of Bowel Adhesion	\$2,772
44140	Partial Removal of Colon	\$3,976
44950	Appendectomy	\$2,016
44970	Laparoscopy surgical appendectomy	\$2,016
45378	Diagnostic Colonoscopy	\$1,176
45560	Repair of Rectocele	\$1,316
46255	Hemorrhoidectomy, internal and external	\$1,568
47600	Cholecystectomy	\$3,640
49000	Exploration of Abdomen	\$2,436
49320	Laparoscopy, diagnostic	\$1,736
49505	Repair Inguinal Hernia	\$1,988
49560	Repair Abdominal Hernia	\$2,408
50590	Lithotripsy, extracorporeal shock wave	\$4,648
51840	Bladder repair/vesical neck	\$3,360
52612	TURP	\$3,080
55810	Prostatectomy, perineal radical	\$5,768
57240	Repair Bladder & Vagina	\$1,904
57280	Suspension of Vagina	\$2,968
57282	Repair of Vaginal Prolapse	\$2,968
58150	Total Hysterectomy	\$3,500
58260	Vaginal Hysterectomy	\$3,388
58400	Suspension of Uterus	\$2,296
58600	Division of fallopian tube	\$1,624
58700	Removal of fallopian tube	\$2,128
58720	Removal of ovary/tube(s)	\$2,492
58740	Revise Fallopian Tube(s)	\$2,604
58750	Repair Oviduct	\$4,256
58770	Create New Tubal Opening	\$3,724
58925	Removal of ovarian cyst(s)	\$1,904
58940	Removal of ovary(s)	\$1,904
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,660
59150	Treat Ectopic Pregnancy	\$2,660
59400	Obstetrical Care	\$3,472
59409	Obstetrical Care	\$1,820
59410	Obstetrical Care	\$2,016
59510	Cesarean delivery	\$4,284
59851	Abortion	\$2,016
61154	Pierce Skull, Remove Clot	\$5,516
61312	Open Skull for Drainage	\$7,000

62284	Injection for Myelogram	\$896
63030	Low Back Disk Surgery	\$6,272
63035	Added Spinal Disk Surgery	\$2,044
63047	Removal of Spinal Lamina	\$7,000
63048	Removal of Spinal Lamina	\$2,464
63075	Neck Spine Disk Surgery	\$6,468
64721	Carpal Tunnel Surgery	\$2,016
65855	Laser Surgery of Eye	\$1,932
66170	Glaucoma Surgery	\$2,604
66761	Revision of Iris	\$1,540
66821	After Cataract Laser Surgery	\$1,428
66984	Remove Cataract, Insert Lens	\$3,724
67210	Treatment of Retinal Lesion	\$1,988
67228	Treatment of Retinal Lesion	\$2,128
67820	Revise Eyelashes	\$196
67840	Remove Eyelid Lesion	\$504
68761	Close Tear Duct Opening	\$308]

[\$7,500 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$210
10061	I&D of Abscess, Complex	\$480
19000	Puncture Aspiration of cyst of Breast	\$240
19120	Removal of Breast Lesion	\$1,380
19180	Mastectomy, Simple	\$2,310
19240	Removal of Breast	\$3,450
20550	In Tendon/Ligament/cyst	\$180
20600	Drain/Inject Joint/Bursa	\$180
20605	Drain/Inject Joint/Bursa	\$180
22554	Neck Spine Fusion	\$7,500
23500	Closed tx, clavicle fracture	\$570
25560	Closed tx, radius fracture	\$1,080
27230	Closed tx, femur fracture.	\$1,650
27816	Closed tx, ankle fracture	\$1,170
28415	Closed tx, humerus fracture	\$3,660
29580	Application of Paste Boot	\$150
35301	Rechannelling of Artery	\$5,490
36415	Drawing blood	\$30
36489	Insertion of Catheter, Vein	\$480

36533	Insertion of Access Port	\$1,770
38562	Removal, Pelvic Lymph Nodes	\$3,660
38770	Remove Pelvis Lymph Nodes	\$4,440
38780	Remove Abdomen Lymph Nodes	\$7,320
44005	Freeing of Bowel Adhesion	\$2,970
44140	Partial Removal of Colon	\$4,260
44950	Appendectomy	\$2,160
44970	Laparoscopy surgical appendectomy	\$2,160
45378	Diagnostic Colonoscopy	\$1,260
45560	Repair of Rectocele	\$1,410
46255	Hemorrhoidectomy, internal and external	\$1,680
47600	Cholecystectomy	\$3,900
49000	Exploration of Abdomen	\$2,610
49320	Laparoscopy, diagnostic	\$1,860
49505	Repair Inguinal Hernia	\$2,130
49560	Repair Abdominal Hernia	\$2,580
50590	Lithotripsy, extracorporeal shock wave	\$4,980
51840	Bladder repair/vesical neck	\$3,600
52612	TURP	\$3,300
55810	Prostatectomy, perineal radical	\$6,180
57240	Repair Bladder & Vagina	\$2,040
57280	Suspension of Vagina	\$3,180
57282	Repair of Vaginal Prolapse	\$3,180
58150	Total Hysterectomy	\$3,750
58260	Vaginal Hysterectomy	\$3,630
58400	Suspension of Uterus	\$2,460
58600	Division of fallopian tube	\$1,740
58700	Removal of fallopian tube	\$2,280
58720	Removal of ovary/tube(s)	\$2,670
58740	Revise Fallopian Tube(s)	\$2,790
58750	Repair Oviduct	\$4,560
58770	Create New Tubal Opening	\$3,990
58925	Removal of ovarian cyst(s)	\$2,040
58940	Removal of ovary(s)	\$2,040
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,850
59150	Treat Ectopic Pregnancy	\$2,850
59400	Obstetrical Care	\$3,720
59409	Obstetrical Care	\$1,950
59410	Obstetrical Care	\$2,160

59510	Cesarean delivery	\$4,590
59851	Abortion	\$2,160
61154	Pierce Skull, Remove Clot	\$5,910
61312	Open Skull for Drainage	\$7,500
62284	Injection for Myelogram	\$960
63030	Low Back Disk Surgery	\$6,720
63035	Added Spinal Disk Surgery	\$2,190
63047	Removal of Spinal Lamina	\$7,500
63048	Removal of Spinal Lamina	\$2,640
63075	Neck Spine Disk Surgery	\$6,930
64721	Carpal Tunnel Surgery	\$2,160
65855	Laser Surgery of Eye	\$2,070
66170	Glaucoma Surgery	\$2,790
66761	Revision of Iris	\$1,650
66821	After Cataract Laser Surgery	\$1,530
66984	Remove Cataract, Insert Lens	\$3,990
67210	Treatment of Retinal Lesion	\$2,130
67228	Treatment of Retinal Lesion	\$2,280
67820	Revise Eyelashes	\$210
67840	Remove Eyelid Lesion	\$540
68761	Close Tear Duct Opening	\$300]

<i>SERFF Tracking Number:</i>	<i>HMRK-125668960</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39135</i>
<i>Company Tracking Number:</i>	<i>HMP-HI 308</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Hospital Indemnity</i>		
<i>Project Name/Number:</i>	<i>/HMP-HI 308</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	HMRK-125668960	State:	Arkansas
Filing Company:	HM Life Insurance Company	State Tracking Number:	39135
Company Tracking Number:	HMP-HI 308		
TOI:	H14G Group Health - Hospital Indemnity	Sub-TOI:	H14G.000 Health - Hospital Indemnity
Product Name:	Hospital Indemnity		
Project Name/Number:	/HMP-HI 308		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	06/10/2008
Comments:				
Attachment:				
Readability Cert..pdf				


Satisfied -Name:	Application	Review Status:	Approved-Closed	06/10/2008
Comments:				
using previously approved form HMWA 308 approved May 23, 2008. SERFF Tracking Number HMRK-125652016. See Attachment.				
Attachment:				
HMWA 308 - Worksite application - generic.pdf				

Satisfied -Name:	Summary Of Variables	Review Status:	Approved-Closed	06/10/2008
Comments:				
Attachment:				
Summary of Variables HM-HI 308.pdf				

STATE OF ARKANSAS
READABILITY CERTIFICATION

This is to certify that the following forms comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and have achieved a Flesch Reading Ease Score of:

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>FLESCH SCORE</u>
HMC-HI 308	Hospital Indemnity	51.3
HMP-HI 308	Hospital Indemnity	53



Signed by Company Officer

May 27, 2008
Date

Domenic Palmieri
Name

Senior Vice President – Finance
Title



Administrative Offices
P.O. Box 535061
Pittsburgh, PA 15253-5061
1-800-833-1115

PO BOX 535061, SUITE P6518
PITTSBURGH, PA 15253-5061

Application for Group Insurance

Please Type or Print – Must be completed in full
Indicate "N/A" or "none" if item does not apply.

1. Applicant

Full Legal Name of Group (to appear on Policy)	Tax ID Number	() Business Telephone
Address	Zip + 4	() Fax Number
Delivery Address (If Different from Above)		E-Mail
Nature of Business	SIC Code	Internet
* If "Other" describe:		<input type="checkbox"/> Corp. <input type="checkbox"/> Gov
		<input type="checkbox"/> Partner <input type="checkbox"/> Other *

☐ **Affiliates to be Insured:** ☐ No ☐ Yes (List below; if additional space is needed, please attached a separate sheet)

<u>Full Legal Name and Address of Affiliates</u>	<u>City/State</u>	<u>Nature of Business</u>
--	-------------------	---------------------------

2. Coverage Requested

Coverage	Check all that apply		
<input type="checkbox"/> Specified Critical Illness	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
<input type="checkbox"/> Hospital Indemnity	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
<input type="checkbox"/> Accident	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
<input type="checkbox"/> Disability	<input type="checkbox"/> Employee		
<input type="checkbox"/> Term Life/AD&D	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
<input type="checkbox"/> Whole Life	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child

This application must be accompanied by the Coverage Transmittal form and the proposal for the coverage requested.

3. Requested Effective Date:	____/____/____	4. # Eligible Employees	_____
-------------------------------------	----------------	--------------------------------	-------

5. Will the requested insurance replace existing insurance? ☐ Yes ☐ No

If "Yes" please check all that apply: ☐ Critical Illness ☐ Hospital Indemnity ☐ Accident
☐ Disability ☐ Term Life / AD&D ☐ Whole Life

6. Is this a Section 125 plan? ☐ Yes ☐ No

APPLICANT AGREES THAT

The insurance coverage requested and requested effective date must be approved by **HM Life Insurance Company** under its current rules and practices including Active Work, Evidence of Insurability and Pre-existing Condition provisions. All options and special requests are subject to Home Office approval.

No insurance agent or broker has authority to guarantee acceptability of requested insurance coverage. All materials describing this coverage must be approved in writing by **HM Life** prior to distribution. Note: Coverage will not be in effect until notified in writing by the Home Office. Do not cancel prior coverage until notified.

Premium rates quoted were based on the data submitted to **HM Life**. Final premium rates will be determined on the basis of the actual composition of the group of persons who become insured.

I represent that the statements contained in this application are true and complete to the best of my knowledge and belief, and I understand that they form the basis for **HM Life's** approval of the coverage requested.

Print Name of Applicant's Authorized Representative

Signature of Applicant's Authorized Representative

Date

Title

Signature of Witness and/or Agent

Location, City/State

Name of Witness and/or Agent

Agent License Number

FRAUD NOTICE *(Please read carefully)*

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

In Arkansas, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For your protection, California requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison.

In the District of Columbia, **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

In Kentucky, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any application for insurance in writing by the applicant shall be altered solely by the applicant or by his written consent; except that insertions may be made by the insurer for administrative purposes only in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.

In Maryland any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

In New Jersey, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

In Ohio, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In Oklahoma, **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VARIABLES, CUSTOMIZED PROVISIONS, AND FORMAT
HM Life Insurance Company
HMMP- HI 308, et al

HM Life's policy forms are constructed in a way that allows us to select appropriate variables for each client either upon request or as required by applicable.

Policy forms will only be issued to eligible groups as defined by applicable law. Certificates of Insurance are issued to all group policyholders and/or participating employers for distribution to eligible members.

The enclosed policy form filing includes standard and variable provisions – there are several kinds of variables which are bracketed:

- Optional benefit provisions provided upon request and contract provisions, which are used in specific situations depending upon the requested plan design.
- Variable amounts, periods, and/or durations, all of which are shown in brackets. Such amount, period or duration used will depend on the product design requested by the client, subject to underwriting approval.
- Optional wording within a sentence or paragraph – where alternate wording is available, each variation is bracketed and shown in the enclosed policy forms.

An asterisk within bracket may be used to designate a form number, form type and/or applicable class in the footer; a name, number or date on the cover page; an affiliate name, location or effective date; or the dollar value of the premium due.

Common terms within the form may be substituted with similar terms, for example:

[Policyholder] – Employer, Participating Organization Association, Union, Indian Nation, etc. or similar term may be substituted for Policyholder provided benefits are provided on a group basis in a manner that precludes individual selection.

[Employee] – Associate, Member, Participant, etc. or similar term may be substituted for Employee

[Plan] – Calendar or Benefit may be substituted.

References to time periods, such as 180 days, may be converted to their monthly equivalent where practical upon request.

All exclusions and limitations may be included or deleted in their entirety. Optional wording within the exclusion or limitation is shown in brackets. Definitions that do not apply to the benefit description may be deleted in their entirety.

The policyholder generally determines eligibility and service waiting periods, if any, for their employees. Thus the definition of any insured person, and/or any service waiting period associated with such person's eligibility for benefits is subject to change. We will not agree to a definition of employee or a service waiting period that is not applied consistently to all employees within a given class.

Additional variations not shown in the enclosed policy form may be agreed upon as a result of negotiations between HM Life and the Policyholder. However, we will not agree to any provision, which is, to the best of our knowledge and belief, ambiguous or unclear, or inconsistent with any law or regulation of the state or federal government.

The attached forms are submitted in final printed form in 10-point type on 8 1/2 by 11 pages. The certificate may be printed in a booklet format (5 1/2 by 8 1/2 pages), if requested by the Policyholder. We may issue certificates in a foreign language, based on a direct translation of the filed wording.

<i>SERFF Tracking Number:</i>	<i>HMRK-125668960</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>HM Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39135</i>
<i>Company Tracking Number:</i>	<i>HMP-HI 308</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Hospital Indemnity</i>		
<i>Project Name/Number:</i>	<i>/HMP-HI 308</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Group Hospital Indemnity Policy	05/28/2008	Microsoft Word - HMP-HI Policy Clean.pdf
No original date	Form	Group Hospital Indemnity Certificate	05/28/2008	Microsoft Word - HM HI Cert 5.6.08-Clean.pdf

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

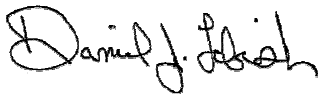
POLICYHOLDER:	[*]
[PARTICIPATING ORGANIZATION]	[*]
POLICY NUMBER:	[*]
POLICY EFFECTIVE DATE:	[*]
POLICY ANNIVERSARY DATE:	[*]
STATE OF ISSUE:	[*]

HM Life Insurance Company, herein called the Company or we, us or our, in consideration of the [Application for this Policy, if any and the] timely payment of Premiums, agrees, subject to the terms and conditions of the Policy, to insure the [Policyholder]'s eligible [employee]s and their eligible dependents under this Policy. The [Policyholder] may add new [employee]s or dependents from time to time in accordance with the terms of the Policy. Subsequent anniversaries of the Policy will be the same date each year thereafter.

This Policy describes the terms and conditions of insurance. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Policy Effective Date shown above, at the [Policyholder]'s address. The laws of the State of Issue shown above govern this Policy.

We and the [Policyholder] agree to all of the terms of this Policy

IN WITNESS WHEREOF **HM Life Insurance Company** has caused this Policy to be executed on the Date of Issue to take effect on the Policy Effective Date.



President



Secretary

GROUP HOSPITAL INDEMNITY POLICY • NON-PARTICIPATING

THIS POLICY PROVIDES LIMITED BENEFITS

NO RECOVERY FOR PRE-EXISTING CONDITIONS - READ CAREFULLY.

No benefits will be provided for the first twelve months a person is covered under the Policy for conditions for which medical advice or treatment was received or recommended during the [three] [six] [twelve] month period prior to the effective date of such person's coverage under the Policy.

Questions or Comments

We want to hear from you. If you have any questions about this Policy, its benefits, the filing of claims, a complaint or a compliment, write to us at the address on the front of this Policy. We thank you for your loyal patronage.

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[SCHEDULE OF AFFILIATES

The following Affiliates are covered under this Policy on the effective dates listed below. A newly-acquired Affiliate may be covered under this Policy on the date it is acquired as long as the [Policyholder] notifies us within [30] [45] [60] [90] [180] days of its acquisition and pays the required premium. If we are not notified within the required time period, the Affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are [employed by] [members of] [associated with] the Affiliate on its effective date of coverage are eligible for coverage on that date.

[Affiliate Name	Location	Effective Date
[*]	[*]	[*]]

SCHEDULE OF BENEFITS

This Policy is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the Policy provisions carefully.

No benefits are payable for any Covered Person until the Eligibility Waiting Period has been completed.

Eligibility Waiting Period

[For [employee]s hired [30] [31] [60] days [or more] before the Certificate Effective Date: [None] [30] [31] [45] [60] [90] [days] [The period determined by the [Policyholder's] personnel practices]]

[For [employee]s hired after the Certificate Effective Date: [None] [30] [31] [45] [60] [90] [days] [the [Policyholder]'s next Open Enrollment Period] [The period determined by the [Policyholder's] personnel practices]]

Covered Persons

- [1.] [Employee]
- [2.] [Dependent Spouse] [Domestic Partner]
- [3.] [Dependent Children]

[Reduction Schedule

Rate	50%
Attained Age	70]

Benefit	Amount
Hospital Confinement	
Per day	[\$100 - \$2000 (in \$50 increments)]
Number of days per confinement	180
[Hospital Admission	
Per Hospital Stay	[\$100 -\$2000 (in \$50 increments)]
Number of Days (per Hospital Stay)	1]
[Hospital Intensive Care	
Per day	[\$100 -\$2000 (in \$50 increments)]
Number of days per confinement	30]
[Hospital Emergency Room[*]	
[Covered Person] Per visit	[\$25 -\$250 in \$25 increments per visit]
[Number of Visits per Plan year	2]
[*] Emergency Room visits due to sickness are excluded unless the Covered Person is admitted to a Hospital within [48] [72] hours]]	

[Surgical Benefit	
Benefit per Surgical Procedure	See Surgical Schedule
Maximum for any one Procedure	[\$500 – \$7500 in \$500 increments]]
[Anesthesia Benefit	
	20% of the Benefit per Surgical Procedure]
[Health Screening Benefit	
Benefit per test	[\$25] [50] [75] [100]
Number of Tests per [Plan] year	1]
Minimum Participation Requirement	
	[5] [Employees] [and] [Dependents]
Rates and Premiums	
Mode of Premium Payment	
	[Weekly] [Bi-weekly][Monthly] [Quarterly] [Semi-annual] [Annual]
Premium Due Dates	
	Policy Effective Date and the first day of each month thereafter
Contributions	
	[Policy Effective Date and the first day of each month thereafter]
	[Policy Effective Date and the first day of each calendar quarter thereafter]
	Policy Effective Date and the first day [July] [and] [January] thereafter]
Rates	
	[Weekly] [Bi-weekly][Monthly] [Quarterly] [Semi-annual] [Annual] Rate
[Employee]	[*]
[[Employee] and [Dependent Spouse]	
[Domestic Partner]]	[*]
[Employee] and Child(ren)	[*]
[Family]	[*]
[Composite]	[*]

DEFINITIONS

Please note that certain words used in this Policy have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our, the words defined below and capitalized within the text of this Policy have the meanings set forth below.

Active Service means that the Covered [Employee] is either:

1. at work on one of the [Employees] scheduled work days and is performing his regular duties on a[scheduled] basis, either at one of the [Employer's] usual places of business or at some other location to which the [Employer]'s business requires him to travel;
2. on a scheduled holiday[,] [or] vacation day [or period of [Employer]-approved paid leave of absence][, only if the [Employee] was in Active Service on the preceding scheduled workday].

A Covered Person is considered in Active Service if he is not one of the following:

1. an in-patient in a Hospital, skilled nursing facility, rehabilitation hospital, convalescent / personal care facility or receiving out-patient care and/or therapy that affects a Covered Person's ability to perform his regular duties on a scheduled basis;
2. confined at home under the care of a Physician or Doctor for a treatment of an Injury or Sickness; or
3. totally disabled.

Affiliate means a company, location or division while subsidiary to, affiliated with or controlled by the Policyholder.

Certificate means the document issued for delivery to the Covered Person that lists the benefits, conditions and limits of the Policy.

Company or **we, us, our**, means HM Life Insurance Company, domiciled in Pennsylvania.

Covered Accident means an Injury, which:

1. occurs as a result of an Injury while the Covered Person is insured under the Policy, and after any applicable Eligibility Waiting Period;
2. is not subject to the Pre-Existing Condition Limitation; and
3. is not otherwise excluded under the terms of this Policy.

[Employee] means a [full-time] [employee] of the [Policyholder] [who works an average of [10] [15] [20] hours per week [and who meets all of the requirements for one of the Covered Classes shown below].

- | | | |
|---|-----------|--|
| [| [Class 1] | [All [employee]s] of the [Policyholder] who are officers] |
| | [Class 2] | [All [employee]s] of the [Policyholder] who are managers or supervisors] |
| | [Class 3] | [All [employee]s] of the [Policyholder]] at [location]] |
| | [Class 4] | All other [employee]s] of the [Policyholder]]] |

Covered Person means an [Employee][,] [or] [Dependent] [Domestic Partner] , for whom an enrollment form has been accepted by us[, the required premium has been paid when due] and for whom coverage under this Policy remains in force. If [employee] is shown in the *Schedule of Benefits* we insure the [Employee]. Dependents are insured if either [Dependent spouse][,] [or] [Domestic Partner] or Dependent children is shown in the *Schedule of Benefits*.

Covered Sickness means an illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury that:

1. is first manifested while the Covered Person is insured under the Policy, and after any applicable Eligibility Waiting Period;
2. is not subject to the Pre-Existing Condition Limitation; and
3. is not otherwise excluded under the terms of this Policy

Dependent means the [Employee]'s:

1. Spouse, unless such spouse is eligible as a Covered [Employee] under this Policy; [and] [or]

[2.] [Domestic Partner, unless such person is eligible as a Covered [Employee] under this Policy; and]

[3.] Unmarried natural or step child, unless such child is eligible for medical coverage as a Covered [Employee] under this Policy and who:

[a.] is less than [19] [23] [25] [30] years old; or

[b.] is unmarried, under [23] [25] [30] years of age and attends an accredited educational institution as a full-time student; or]

[c.] becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [19];

This term includes a child who:

[1.] [is living with the Covered [Employee] in a parent child relationship; or]

[2.] is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered [Employee]; or

[3.] is required to be provided coverage by the Covered Person or his [spouse] [Domestic Partner] under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

[Domestic Partner] means a person of [the same] [or] [the opposite] sex who:

[1.] [is not married or legally separated];]

[2.] [has not been party to an action or proceeding for divorce or annulment within the last six months, or has been a party to such an action or proceeding and at least six months have elapsed since the date of the judgment terminating the marriage];]

[3.] [Is not currently registered in a domestic partnership with a different domestic partner and has not been in such a relationship for at least six months];]

[4.] [occupies the same residence as the [Employee]];]

[5.] [has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature];] [and]

[6.] [has entered into a Domestic Partnership Arrangement with the [Employee]].]

[Domestic Partnership Arrangement] means the [Employee] and another person of [the same] [or] [the opposite] sex has any three of the following in common (documentation may be requested to the extent allowed by the city, county or state in which you reside):

1. joint lease, mortgage or deed;

2. joint ownership of a vehicle;

3. joint ownership of a checking account or credit account;

4. designation of the domestic partner as a beneficiary for the employee's life insurance or retirement benefits;

5. designation of the domestic partner as a beneficiary of the employee's will;
6. designation of the domestic partner as holding power of attorney for health care; or
7. shared household expenses.]

Eligibility Waiting Period means the period of time that must lapse before an [Employee][,] [or] [Dependent] [or] [Domestic Partner] is eligible for this insurance. It will be extended by the number of days the [Employee] is not in Active Service.

We will not pay benefits for a Covered Accident that occurs, a Covered Sickness that begins, or a Health Screening performed during the Eligibility Waiting Period.

[Provide **Evidence of Insurability** means a[n] [Employee],] [and Dependent] [and] [Domestic Partner] [Covered Person] must [upon request] [and at their expense]:

- [1.] complete and sign our [enrollment] [health and medical history] form[;]
- [2. sign our form authorizing us to obtain information about his health and other insurance coverage;
- [3.] provide any additional reasonable information about his insurability that we request; and
- [4.] undergo a physical examination and testing at our request].]

He, him or his means an individual, male or female.

Hospital means an institution that meets all of the following:

1. it is licensed pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
2. it is managed under the supervision of a staff of legally licensed physicians;
3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
5. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent or custodial care; or
2. the aged.

Hospital Intensive Care Unit means a place which:

1. is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
3. is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;

4. is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a twenty four hour basis; and
5. has a Doctor assigned to the intensive care unit on a full-time basis.

A Hospital Intensive Care unit is not any of the following step down units:

1. a progressive care unit;
2. a sub-acute intensive care unit;
3. an intermediate care unit;
4. a private monitored room;
5. a surgical recovery room;
6. an observation unit; or
7. any facility not meeting the definition of a hospital intensive care unit as defined in this Policy.

Hospital Stay means a confinement in a Hospital, ordered by a Physician or Doctor for at least 24 consecutive hours when room and board and general nursing care are provided at a per diem charge made by the Hospital. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless [(a)] separated by at least [30] [60] [90] days [or (b) a Covered [Employee] returns to Active Service for [15] [30] [45] or more days] between Hospital Stays.

Injury means bodily injury solely due to a Covered Accident. It includes all complications of and all injuries received from the same accident.

In-Patient means a Covered Person who is confined [overnight] [,] [for at least] [one full day] [or] [twenty-four (24)] continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case the term "In-patient" shall mean a Covered Person is required to be confined for a period determined by applicable law governing such facility.

Open Enrollment Period means a period of time agreed upon by the [Policyholder] and the Company, during which an [Employee] may apply for insurance.

Out-Patient means a Covered Person who receives covered treatment, services and supplies while not an In-patient in a Hospital.

Physician or Doctor means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the [Policyholder];
2. living in the Covered Person's household; or
3. a parent, sibling, spouse[,], [domestic partner] or child of the Covered Person.

[Plan] Year or annual or annually means a period of twelve consecutive months beginning on the Policy Effective Date and subsequent Anniversary Dates.

Policyholder means the entity shown on the cover page of this Policy.

[Participating Organization] means the entity shown on the cover page of this Policy.]

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Policy Effective Date

We agree to provide Hospital Indemnity Insurance Benefits described in this Policy in consideration of the [Policyholder]'s payment of the premium when due. Insurance coverage begins on the Policy Effective Date shown on this Policy's first page as long as the Minimum Participation requirement shown in the *Schedule of Benefits* has been satisfied.

[Effective Date for Newly-Acquired Affiliates

Insurance becomes effective for any newly-acquired affiliate of the [Policyholder] on first of the month following the date it is acquired if we have been notified in writing within the time period specified in the *Schedule of Affiliates*, have agreed to provide insurance, and have received any additional premium due. If we are not so notified, insurance for the Affiliate will become effective on the first of the month following the date we agree in writing to insure it and receive any additional premium due. Individuals who are [employee]s of an Affiliate on its effective date of insurance under this Policy will be eligible for insurance on that date.]

Eligibility

An [Employee][,][Dependent] [or][Domestic Partner] is eligible provided:

1. they meet the applicable definition shown in *Definitions*; and
2. they have completed the Eligibility Waiting Period, if any; and
- [3. in the case of an [Employee][,][Dependent spouse] [or] [Domestic Partner] they are under age 70 [on the Effective Date of the Certificate] [date they complete the Eligibility Waiting Period]; and]
- [4.] they meet the definition of Active Service in *Definitions*.

No person is eligible for insurance under this Policy as both an [Employee][,] [Dependent] [or Domestic Partner] at the same time.

Effective Date

The Effective Date of the Policy and Certificate is shown on the applicable cover page.

An eligible [Employee]'s insurance becomes effective on the [day] [first of the month] following the date he[:]

- [1.] submits a complete enrollment form, if any [and we approve that form]; and]
- [2.] has paid the required first contribution, if any].

An eligible Dependent's [or Domestic Partner]'s insurance becomes effective on the [day] [first of the month] following the date the [Employee] first becomes insured[, or the [day] [first of the month] following the date the person becomes eligible, if later][, provided[:]

- [1.] [a completed enrollment form, if any, is submitted for the Dependent [and we approve that form]][,][and]
- [2.] [the [Employee] has paid the required first contribution, if any, for the Dependent's coverage.

If either the [spouse] [or Domestic Partner] is eligible as an [Employee] the dependent children may be covered under only one [Employee].

If both of the [spouses] [or Domestic Partners] are eligible as an [Employee] and have no dependent children;

1. both will be insured as Covered Persons when a Covered Person is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered Persons or one may elect to insure the other as a Dependent when a Covered Person is required to contribute to the cost of his insurance.

If both of the [spouses] [or Domestic Partners] are eligible as an [Employee] and have dependent children;

1. both will be insured as Covered Persons and dependent coverage will be provided via only the parent whose birthday occurs first during a Plan] Year, when an [Employee] is not required to contribute to the cost of his Dependents' insurance; and
2. both may be insured as an [Employee] but only one may elect dependent coverage to insure dependent children, when an [Employee] is required to contribute to the cost of his dependents' insurance.

A [spouse] [or Domestic Partner] that does not meet the definition of [Employee], or a dependent child may be insured as a Dependent provided one [spouse] [or Domestic Partner] meets the definition of [Employee] shown in *Definitions*.

[Newborn children of an [Employee] or spouse are automatically covered from birth provided we receive notification within 31 days after the birth of the newborn. [Foster children [and other children living with the [Employee] or spouse in a parent child relationship] are eligible for coverage on the same basis upon placement in the home.]

[A child adopted by, or placed for adoption with, or who are a party in a suit for adoption by an [Employee] or spouse is covered automatically from birth provided we receive notification within 31 days after the birth of the newborn.]

[A minor under the charge, care, and control of the insured whom the insured has filed a petition to adopt shall be provided coverage the same as provided for other members of the insured's family. Coverage shall begin on the date of the filing of a petition for adoption if the insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the minor]

Deferred Effective Date

The effective date of insurance will be deferred for any [Employee] who is not in Active Service on the [day] [first of the month] following the date he would otherwise have become eligible. Coverage will become effective on the later of the [day] [first of the month] following the date he returns to Active Service and the [day] [first of the month] following the date coverage would otherwise have become effective.

Late Enrollee

A person will be considered a late enrollee if he does not apply for insurance under this Policy within 31 days of the [day] [first of the month] following the date he is first eligible.

[Coverage for any late enrollee will become effective on the [day] [first of the month] following the date he [enrolls] [completes a [30] [60] [90] [120] [180] day late enrollee waiting period] [and submits the required

premium].]

[If a person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on the [first] day [of the month coinciding with or next] following the date we approve such person's Evidence of Insurability.]

[If a person does not apply for insurance under this Policy within 31 days of the date he is first eligible, he must wait until the [Policyholder]'s next Open Enrollment Period. Coverage for any late enrollee will become effective on the date specified by the [Policyholder].]

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Policy or a change in the [Employee]'s Covered Class will take effect on the [day] [first of the month] following the date of such change. Increases will take effect subject to any Active Service and Evidence of Insurability requirement.

Termination of Insurance

Please read the *Continuation of Coverage* section of this Policy for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Policy or insurance for a Covered Class is terminated;
2. the [day] [next premium due date after first of the month] following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Policy;
- [3.] [the [day] [next premium due date after first of the month] following the date the Covered Person attains age 70;]
- [4.] the last day of the last period for which premium is paid;
- [5.] the end of any period of continuation, as provided in the *Continuation of Coverage*; and
- [6.] with respect to a Dependent, the [day] [first of the month] following the date of the death of the [Employee] or the [day] [first of the month] following the date of divorce from the [Employee][, or termination of a Domestic Partnership Arrangement].

Termination will not affect a claim for a Covered Accident, Covered Sickness or Health Screening incurred while coverage was in effect.

Continuation of Coverage

If a Covered Person's insurance terminates for any reason other than payment of any required premium when due or termination of the Policy, such person may elect to continue coverage under the Policy provided he has not attained age 70. To elect continued coverage, the Covered Person must[:]

- [1.] [have been continuously insured for at least [6] [12] [24] months under this Policy and/or any plan it replaced just before the date their insurance terminates; and]
- [2.] make the election within 31 days of termination and pay all required premiums for the continued coverage.

Continued coverage is subject to all of the provisions and limitations of the Policy. The premium rate charged for the continued coverage will be 105% of the rate charged under the Policy [based on the

Covered Person's age at the time he elect to continue coverage]. Premiums for continued coverage will be collected from the terminated individual on a monthly, quarterly, semi-annual or annual basis, as elected by the Covered Person.

Coverage continued under this provision will end when [the Policy terminates][,] [the date such person attains age 70] or the last period for which premium is paid[, whichever occurs first].

BENEFITS

The benefit amounts payable are shown in the *Schedule of Benefits*. [If the *Schedule of Benefits* shows a Reduction Schedule any benefit payable after the attained age will be reduced by the rate shown in Reduction Schedule.] No benefits are payable for any Covered Person until the Eligibility Waiting Period has been completed.

Hospital Confinement – We will pay this benefit in the amount shown in the *Schedule of Benefits* when a Covered Person is confined to a Hospital as an In-Patient as the result of injuries received in a Covered Accident or because of a Covered Sickness. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined to a Hospital as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

[The length of time shown for Hospital Confinement in the *Schedule of Benefits* is the maximum period for which a Covered Person can collect benefits for a Hospital Stay resulting from the same Covered Sickness or injuries received from the same Covered Accident; we will pay benefits on a daily basis.]

This benefit is payable for only one Hospital Stay at a time even if caused by more than one Covered Accident, more than one Covered Sickness or a Covered Accident and a Covered Sickness.

[Hospital Admission – We will pay this benefit when a Covered Person is admitted to a Hospital and confined as an In-Patient because of injuries received in a Covered Accident or because of a Covered Sickness. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

We will pay the Hospital Admission benefit amount shown in the *Schedule of Benefits* when a Covered Person is admitted to a Hospital as an In-Patient. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or Out-Patient treatment.

We will pay this benefit once per Hospital Stay. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the Hospital as an In-Patient because of the same or related injury or sickness, we will not pay this benefit again.]

[Hospital Intensive Care – If a Covered Person is confined in a Hospital Intensive Care Unit as an In-Patient due to an injury received in a Covered Accident or because of a Covered Sickness, we will pay the daily benefit amount shown in the *Schedule of Benefits*. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined to a Hospital as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

We will pay this amount for each day of such confinement, but not to exceed the maximum benefit period shown in the *Schedule of Benefits* during any one Hospital Stay.

We will pay benefits for only one confinement in a Hospital Intensive Care Unit as an In-Patient at a time, even if it is caused by more than one Covered Accident, more than one Covered Sickness or a Covered Accident and a Covered Sickness.

If we pay benefits for confinement in a Hospital Intensive Care Unit as an In-Patient and the Covered Person becomes confined to a Hospital Intensive Care Unit again within [90] [180] [365] days because of the same or related condition, we will treat this confinement as the same Hospital Stay.]

[Surgical Benefit – If surgery due to an injury received in a Covered Accident or because of a Covered Sickness is performed by a Physician or Doctor, we will pay the amount for the procedure listed in the *Schedule of Surgical Procedures* up to the maximum shown in the *Schedule of Benefits* for any one surgical procedure. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a Physician's or Doctor's office.

If an operation is not listed in the *Schedule of Surgical Procedures*, we will pay an amount comparable to that which would be payable for the operation listed in the *Schedule of Surgical Procedures* which is most nearly similar in severity and complexity.

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided.]

[Anesthesia Benefits – When a surgical procedure is performed that is covered under the Surgical Benefit, we will pay the amount shown in the *Schedule of Benefits* for anesthesia administered by a Physician or Doctor in connection with such procedure.]

[Hospital Emergency Room Benefit – If a Covered Person is injured in a Covered Accident or has a Covered Sickness, and receives treatment in a Hospital emergency room we will pay the benefit shown in the *Schedule of Benefits*. [This benefit will not be paid for a Covered Sickness unless the Covered Person is admitted to the Hospital within [48] [72] hours of the time treatment is first requested in the Hospital emergency room.]]

[Health Screening Benefit – We will pay the amount shown in the *Schedule of Benefits* for the Health Screening Tests. This Benefit is payable [once] per [Plan] Year].

As used above "Health Screening Test" means:

1. Stress test on a bicycle or treadmill, or using Thallium or similar pharmaceutical agent;
2. Fasting blood glucose test;
3. Blood test for triglycerides;
4. Serum cholesterol test to determine level of HDL and LDL;
5. Bone marrow testing;
6. Breast ultrasound;
7. CA 15-3 (blood test for breast cancer);
8. CA 125 (blood test for ovarian cancer);
9. CEA (blood test for colon cancer);
10. Chest X-ray;
11. Colonoscopy;
12. Flexible sigmoidoscopy;
13. Hemocult stool analysis;
14. Mammography;
15. Pap test;

16. PSA (blood test for prostate cancer);
17. Serum Protein Electrophoresis (blood test for myeloma);
18. Thermography; and
19. Skin review by a dermatologist.

We will pay this benefit regardless of a supporting Diagnosis or the results of the test.]

LIMITATIONS AND EXCLUSIONS

Limitations

1. Eligibility Waiting Period - No benefits are payable for any [Employee's][,] [or] [Dependent] [or] [Domestic Partner] until the Eligibility Waiting Period shown in the *Schedule of Benefits* has been completed. If first diagnosed during the Eligibility Waiting Period, the Pre-Existing Condition Limitation will apply to any loss from that diagnosis. [At the [Policyholder]'s option, you may elect to void any coverage applied for and receive a full refund of premium. Any such request must be in writing and made prior to the end of the Eligibility Waiting Period.]
2. Pre-Existing Conditions - We will not pay benefits for any condition or illness starting within [3] [6] [12] months of the [Effective Date of the Certificate] [effective date of an [Employee's][,] [or] [Dependent's] [or] [Domestic Partner's] insurance] which is caused by, contributed to, or resulting from a Pre-Existing Condition. A claim for benefits for loss starting after 12 months from the Effective Date of the Certificate [effective date of an [Employee's][,] [or] [Dependent's] [or] [Domestic Partner's] insurance] will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

A condition will no longer be considered Pre-Existing at the end of 12 consecutive months starting and ending after the Effective Date of the Certificate [effective date of an [Employee's] [Employee's][,] [or] [Dependent's] [or] [Domestic Partner's] insurance].

"Pre-Existing Condition" means a sickness or physical condition which, within the [3] [6] [12]-month period prior to the Effective Date of the Certificate [effective date of an [Employee's] [Employee's][,] [or] [Dependent's] [or] [Domestic Partner's] insurance] resulted in an insured receiving medical advice or treatment.

"Treatment" means consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

- [3. Reduction Schedule – The benefit payable will be reduced by 50% if a Covered Person is age 70 or older on the date such benefit becomes payable. "Age" means the age of the Covered Person on such person's most recent birthday, regardless of the actual time of birth.]

Exclusions

We will not pay benefits for loss contributed to, caused by, or resulting from the following unless specifically provided elsewhere in this Policy:

1. Treatment that is solely for the purpose of rest care or custodial care and any associated transportation;
2. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof. This exclusion does not apply to:
 - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of an Injury;
 - b. reconstruction incidental to or following surgery resulting from a covered Injury or Illness or from

- trauma, infection or other diseases of the involved part;
 - c. correction of a congenital defect or anomaly that results in a functional defect of a covered dependent child;
 - d. with respect to a mastectomy:
 - i. all stages of reconstruction of the breast on which the mastectomy has been performed;
 - ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;
- 3. Examinations needed for employment, obtaining insurance or travel;
- 4. Voluntary abortion, unless:
 - a. the life of the mother would be endangered if the fetus were carried to term; or
 - b. medical complications have arisen from an abortion;
- 5. Sex change procedures;
- 6. Experimental services or treatments;
- 7. Reversal of sterilizations;
- 8. Diagnosis and treatment of infertility;
- 9. Treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;
- 10. Routine eye examinations or fitting of glasses or contact lenses;
- 11. Hearing examinations or fitting of hearing aids;
- 12. Dental examinations or dental care other than expenses resulting from a Covered Accident;
- 13. Smoking cessation;
- 14. Loss due to suicide or any attempt or threat to commit suicide, while sane or insane, or any intentionally self-inflicted injury or sickness[, unless as a result of a medical condition or an act of domestic violence];
- 15. Loss due to participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
- 16. Loss due to committing, attempting to commit, or taking part in a felony or assault;
- 17. Loss due to an Injury while participating in a contest of speed in power driven vehicles or a self propelled conveyance, parachuting, parasailing, bungee jumping, mountain climbing, spelunking, or hang gliding, operating an all terrain vehicle (ATV or dirt bike), SCUBA diving, white water rafting or mountain biking;
- 18. Air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
 - a. on a charter flight operated by a scheduled airline; or
 - b. as a passenger for transportation only and not as a pilot or crew member;
- 19. Loss due to the Covered Person being legally intoxicated as determined according to the laws of the United States of America;

20. Any treatment for an accident or sickness resulting from the use of a controlled substance by a Covered Person that is not provided by or at the direction of a Physician or Doctor;
21. Loss due to an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes an accidental injury or sickness contracted while in the service of any military, naval or air force of any country engaged in war (the Company will refund the pro rata unearned premium for any such period the Covered Person is not covered);
22. Loss due to an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Workers' Compensation, Occupational Disease or similar law, whether or not application for such benefits has been made;
23. Any treatment received or expenses incurred during a period of time that insurance for a Covered Person is not in force;
24. Any treatment received or expenses incurred after this Policy has terminated;
25. Any service, supply or treatment that is not provided by or at the direction of a Physician or Doctor, or is inconsistent with standards of medical practice for the applicable condition;
26. Treatment of any accident or sickness outside the United States or Canada;
27. Transportation;
28. Benefits for services or treatment rendered by any person who is:
 - a. employed or retained by the [Policyholder];
 - b. living in the Covered Person's household;
 - c. a parent, sibling, spouse[,], [domestic partner] or child of a Covered [Employee] or of His spouse; or
 - d. a Covered Person treating himself;
29. The treatment of:
 - a. mental illness;
 - b. functional or organic nervous disorder, regardless of cause;
 - c. alcohol abuse; or
 - d. drug use, unless such drugs were taken on the advice of a Physician or Doctor and taken as prescribed;
30. Participating in any organized sport; professional or semi-professional;] [or]
31. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.]

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to us within 31 days after a Covered Accident or Covered Sickness is incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized agent. Notice should include the [Policyholder]'s name and the Covered Person's name, address, Policy and Policy Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Policy for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to us must be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized agent within 90 days of the loss for which claim is made.

If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

[Notice of Decision

We will send you written notice of our claim decision within 30 days after we receive due proof of your loss. If there are special circumstances that require more time (such as the need to hold a hearing), we will send you a written notice within this timeframe that an additional 30 days is needed. If more time is still needed to make a claim determination, we will send you written notice during this initial 30 day extension stating the special circumstances that require an additional 30 days. You will have 45 days to provide any additional information requested.

If your claim is urgent, we will notify you of our decision within 72 hours. If we need more information, we will let you know within 24 hours of your claim. At that time we will tell you what additional information is needed to process your claim. You will have 48 hours to provide any additional information requested. We will notify you of our decision within 48 hours after we receive the requested information. Our response to an urgent care claim may be oral; if it is, we will confirm our decision in writing.

We will treat your claim as urgent if a delay in processing your claim could seriously jeopardize your life, health, or ability to regain maximum function, or if in the opinion of the treating physician, a delay would subject you to severe pain that cannot be managed without the care or treatment that is the subject of your claim.

If the claim is wholly or partly denied, our notice will include:

1. Reasons for such denial;
2. Reference to specific certificate provisions, rules or guidelines on which the denial was based;
3. A description of the additional information needed to support your claim;
4. Information concerning your right to request that we review our decision; and
5. A description of our review procedures, time limits and notice of your right to bring civil action.

Review Of Denied Claims – For non-urgent claims this request must be in writing and must be received by us no more than 180 days after you receive notice of our claim decision. A request for a review of an urgent claim may be made over the phone. As part of this review, you may:

1. Send us written comments;

2. Review any non-privileged information relating to your claim; or
3. Provide us with other information or proof in support of your claim.

We will review your claim promptly after receiving your request. We will advise you of the results of our review within 60 days after we receive your request, or within 120 days if there are special circumstances that require more time (such as the need to hold a hearing). Our decision will be in writing and will include reference to specific policy provisions, rules or guidelines on which the decision was based, and notice of your right to bring a civil action.

If your appeal arises from our denial of an urgent claim, we will consider your appeal and notify you of our decision within 72 hours.]

Time of Payment of Claims

We will pay benefits due under this Policy for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Policy, unless otherwise stated, will be payable to the Covered Person or to his estate.

If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage that we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.

Claimant Cooperation Provision

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), the plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Policy and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this Policy.

We may contract with another entity to perform this function on our behalf.

Payment of Claims to Foreign [Employees]

The [Policyholder] may, in a fiduciary capacity, receive and hold any benefits payable to Covered [Employee]s whose place of employment is other than:

1. the United States and its possessions; or

2. the Dominion of Canada.

We will not be responsible for the application or disposition by the [Policyholder] of any such benefits paid. Our payments to the [Policyholder] will constitute a full discharge of our liability for those payments under this Policy.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under this Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Policy.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

[Additional Coverage with the Company]

We will only pay benefits for a Covered Accident or Covered Sickness under one Group Hospital Indemnity Policy or Certificate if a Covered Person is covered by more than one of our Group Hospital Indemnity Policies or Certificates. A Covered Person may choose which Certificate they wish to keep in force by sending us written notice of their choice.

We will return the premiums paid for any of our other Group Hospital Indemnity Policies or Certificates during the period there was more than one such Policy or Certificate in force.]

Unpaid Premium – When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

ADMINISTRATIVE PROVISIONS

Cancellation

We or the [Policyholder] may cancel this Policy, after the first year as of any Premium Due Date, by giving the other party [31] [45] [60] [90] [120] [180] days advance written notice.

If a premium is not paid when due, we will cancel this Policy at the end of the last period for which premium was paid, subject to the Grace Period provision. Premium Due Dates are shown in the *Schedule of Benefits*. The [Policyholder] has the sole responsibility to notify Covered Person's of such termination

Grace Period

A Policy Grace Period of [31] [60] [90] days will be granted for payment of required premiums due after the first premium, unless:

1. we do not intend to renew the coverage provided by the Certificate beyond the period for which premium has been accepted; and
2. written notice of our intention not to renew is delivered to the [Policyholder] at least [30] [45] [60] [90] [120] [180] days before the premium is due.

This Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The [Policyholder] is liable to us for any unpaid premium for the time this Policy was in force.

An Individual Grace Period of 31 days, applicable when a Covered Person remains eligible under this Policy under *Continuation of Coverage*, will be granted for payment of required premiums. A Covered Person's insurance under this Policy will remain in force during the Grace Period.

We will reduce any benefits payable for any claims incurred during the Grace Period by the amount of premium due. If no such claims are incurred and premium is not paid during the grace period, insurance will end on the last day of the period for which premiums were paid.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Policy will be based on the rates, as set forth in the *Schedule of Benefits* or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected, as shown in the *Schedule of Benefits*. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the [Policyholder].

Premium Payment

The total premium for this Policy is the sum of premiums paid:

1. by the [Policyholder] for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and
2. by Covered Persons who remain eligible for coverage under the *Continuation of Coverage* provision of this Policy.

If any premium is not paid when due, this Policy will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

Changes in Premium Rates

We may change the premium rates from time to time with at least [30] [45] [60] [90] days advance written notice to the [Policyholder]. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, we reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Policy change;
2. the number of Covered Persons eligible for coverage increases or decreases by more than 10% since the latter of the Policy Effective Date and the date of the last renewal of this Policy;
3. coverage is reinstated following failure to pay premium during the Grace Period;
4. acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by 10% or more the number of eligible individuals;
5. a change in the number of eligible individuals which would, on a manual rate basis, require a change

of 10% or more in the premium rate;

6. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Policy; or
7. the [Policyholder] fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Premium Audit

We will have the right to audit books and records of the [Policyholder] at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium paid.

GENERAL PROVISIONS

Entire Contract; Changes

This Policy, including the [application (if any)][,] [individual enrollment forms (if any)][,] endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in this Policy will be valid until approved by one of our executive officers and endorsed on or attached to this Policy. No agent has authority to change this Policy or to waive any of its provisions.

Misstatement of Age

If an age has been misstated on the enrollment form, the Benefits will be those the premium paid would have purchased at the correct age.

Certificates

Where required by law, we will provide a certificate of insurance for delivery to the Covered Person. Each certificate will list the benefits, conditions and limits of this Policy. It will state to whom benefits will be paid.

Assignment

The rights and benefits under this Policy may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the [Policyholder] for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the [Policyholder]).

Incontestability

1. Of This Policy

All statements made by the [Policyholder] to obtain this Policy are considered representations and not warranties.

No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of this Policy unless a copy of the instrument containing the statement is, or has been, furnished to the [Policyholder]. After two years from the Policy Effective Date, no such statement will cause this Policy to be contested except for fraud.

2. Of A Covered Person's Insurance

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Reporting Requirements

The [Policyholder] or its authorized agent must report all of the following to us by the premium due date:

1. the number of persons insured on the Policy Effective Date;
2. the number of persons who are insured after the Policy Effective Date;
3. the number of persons whose insurance has terminated;
4. any additional information required by us.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Policy. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Policy are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Policy is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

SCHEDULE OF SURGICAL PROCEDURES

[\$500 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$14
10061	I&D of Abscess, Complex	\$32
19000	Puncture Aspiration of cyst of Breast	\$16
19120	Removal of Breast Lesion	\$92
19180	Mastectomy, Simple	\$154
19240	Removal of Breast	\$230
20550	In Tendon/Ligament/cyst	\$12
20600	Drain/Inject Joint/Bursa	\$12
20605	Drain/Inject Joint/Bursa	\$12
22554	Neck Spine Fusion	\$500

23500	Closed tx, clavicle fracture	\$38
25560	Closed tx, radius fracture	\$72
27230	Closed tx, femur fracture.	\$110
27816	Closed tx, ankle fracture	\$78
28415	Closed tx, humerus fracture	\$244
29580	Application of Paste Boot	\$10
35301	Rechannelling of Artery	\$366
36415	Drawing blood	\$2
36489	Insertion of Catheter, Vein	\$32
36533	Insertion of Access Port	\$118
38562	Removal, Pelvic Lymph Nodes	\$244
38770	Remove Pelvis Lymph Nodes	\$296
38780	Remove Abdomen Lymph Nodes	\$488
44005	Freeing of Bowel Adhesion	\$198
44140	Partial Removal of Colon	\$284
44950	Appendectomy	\$144
44970	Laparoscopy surgical appendectomy	\$144
45378	Diagnostic Colonoscopy	\$84
45560	Repair of Rectocele	\$94
46255	Hemorrhoidectomy, internal and external	\$112
47600	Cholecystectomy	\$260
49000	Exploration of Abdomen	\$174
49320	Laparoscopy, diagnostic	\$124
49505	Repair Inguinal Hernia	\$142
49560	Repair Abdominal Hernia	\$172
50590	Lithotripsy, extracorporeal shock wave	\$332
51840	Bladder repair/vesical neck	\$240
52612	TURP	\$220
55810	Prostatectomy, perineal radical	\$412
57240	Repair Bladder & Vagina	\$136
57280	Suspension of Vagina	\$212
57282	Repair of Vaginal Prolapse	\$212
58150	Total Hysterectomy	\$250
58260	Vaginal Hysterectomy	\$242
58400	Suspension of Uterus	\$164
58600	Division of fallopian tube	\$116
58700	Removal of fallopian tube	\$152
58720	Removal of ovary/tube(s)	\$178
58740	Revise Fallopian Tube(s)	\$186

58750	Repair Oviduct	\$304
58770	Create New Tubal Opening	\$266
58925	Removal of ovarian cyst(s)	\$136
58940	Removal of ovary(s)	\$136
59121	Surgical treat of ectopic preg w/o salpingectomy	\$190
59150	Treat Ectopic Pregnancy	\$190
59400	Obstetrical Care	\$248
59409	Obstetrical Care	\$130
59410	Obstetrical Care	\$144
59510	Cesarean delivery	\$306
59851	Abortion	\$144
61154	Pierce Skull, Remove Clot	\$394
61312	Open Skull for Drainage	\$500
62284	Injection for Myelogram	\$64
63030	Low Back Disk Surgery	\$448
63035	Added Spinal Disk Surgery	\$146
63047	Removal of Spinal Lamina	\$500
63048	Removal of Spinal Lamina	\$176
63075	Neck Spine Disk Surgery	\$462
64721	Carpal Tunnel Surgery	\$144
65855	Laser Surgery of Eye	\$138
66170	Glaucoma Surgery	\$186
66761	Revision of Iris	\$110
66984	Remove Cataract, Insert Lens	\$266
67210	Treatment of Retinal Lesion	\$142
67820	Revise Eyelashes	\$14
67840	Remove Eyelid Lesion	\$36
68761	Close Tear Duct Opening	\$22[

[\$1000 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32
19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308
19240	Removal of Breast	\$460
20550	In Tendon/Ligament/cyst	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488
29580	Application of Paste Boot	\$20
35301	Rechannelling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168
45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344
50590	Lithotripsy, extracorporeal shock wave	\$664
51840	Bladder repair/vesical neck	\$480

52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272
57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424
58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical treat of ectopic preg w/o salpingectomy	\$380
59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care	\$260
59410	Obstetrical Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292
63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220
66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72

68761	Close Tear Duct Opening	\$44]
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[\$1500 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$42
10061	I&D of Abscess, Complex	\$96
19000	Puncture Aspiration of cyst of Breast	\$48
19120	Removal of Breast Lesion	\$276
19180	Mastectomy, Simple	\$462
19240	Removal of Breast	\$690
20550	In Tendon/Ligament/cyst	\$36
20600	Drain/Inject Joint/Bursa	\$36
20605	Drain/Inject Joint/Bursa	\$36
22554	Neck Spine Fusion	\$1,500
23500	Closed tx, clavicle fracture	\$114
25560	Closed tx, radius fracture	\$216
27230	Closed tx, femur fracture.	\$330
27816	Closed tx, ankle fracture	\$234
28415	Closed tx, humerus fracture	\$732
29580	Application of Paste Boot	\$30
35301	Rechannelling of Artery	\$1,098
36415	Drawing blood	\$6
36489	Insertion of Catheter, Vein	\$96
36533	Insertion of Access Port	\$354
38562	Removal, Pelvic Lymph Nodes	\$732
38770	Remove Pelvis Lymph Nodes	\$888
38780	Remove Abdomen Lymph Nodes	\$1,464
44005	Freeing of Bowel Adhesion	\$594
44140	Partial Removal of Colon	\$852
44950	Appendectomy	\$432
44970	Laparoscopy surgical appendectomy	\$432
45378	Diagnostic Colonoscopy	\$252
45560	Repair of Rectocele	\$282
46255	Hemorrhoidectomy, internal and external	\$336
47600	Cholecystectomy	\$780
49000	Exploration of Abdomen	\$522
49320	Laparoscopy, diagnostic	\$372
49505	Repair Inguinal Hernia	\$426
49560	Repair Abdominal Hernia	\$516
50590	Lithotripsy, extracorporeal shock wave	\$996
51840	Bladder repair/vesical neck	\$720

52612	TURP	\$660
55810	Prostatectomy, perineal radical	\$1,236
57240	Repair Bladder & Vagina	\$408
57280	Suspension of Vagina	\$636
57282	Repair of Vaginal Prolapse	\$636
58150	Total Hysterectomy	\$750
58260	Vaginal Hysterectomy	\$726
58400	Suspension of Uterus	\$492
58600	Division of fallopian tube	\$348
58700	Removal of fallopian tube	\$456
58720	Removal of ovary/tube(s)	\$534
58740	Revise Fallopian Tube(s)	\$558
58750	Repair Oviduct	\$912
58770	Create New Tubal Opening	\$798
58925	Removal of ovarian cyst(s)	\$408
58940	Removal of ovary(s)	\$408
59121	Surgical treat of ectopic preg w/o salpingectomy	\$570
59150	Treat Ectopic Pregnancy	\$570
59400	Obstetrical Care	\$744
59409	Obstetrical Care	\$390
59410	Obstetrical Care	\$432
59510	Cesarean delivery	\$918
59851	Abortion	\$432
61154	Pierce Skull, Remove Clot	\$1,182
61312	Open Skull for Drainage	\$1,500
62284	Injection for Myelogram	\$192
63030	Low Back Disk Surgery	\$1,344
63035	Added Spinal Disk Surgery	\$438
63047	Removal of Spinal Lamina	\$1,500
63048	Removal of Spinal Lamina	\$528
63075	Neck Spine Disk Surgery	\$1,386
64721	Carpal Tunnel Surgery	\$432
65855	Laser Surgery of Eye	\$414
66170	Glaucoma Surgery	\$558
66761	Revision of Iris	\$330
66984	Remove Cataract, Insert Lens	\$798
67210	Treatment of Retinal Lesion	\$426
67820	Revise Eyelashes	\$42
67840	Remove Eyelid Lesion	\$108

68761	Close Tear Duct Opening	\$66]
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[\$2000 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$56
10061	I&D of Abscess, Complex	\$128
19000	Puncture Aspiration of cyst of Breast	\$64
19120	Removal of Breast Lesion	\$368
19180	Mastectomy, Simple	\$616
19240	Removal of Breast	\$920
20550	In Tendon/Ligament/cyst	\$48
20600	Drain/Inject Joint/Bursa	\$48
20605	Drain/Inject Joint/Bursa	\$48
22554	Neck Spine Fusion	\$2,000
23500	Closed tx, clavicle fracture	\$152
25560	Closed tx, radius fracture	\$288
27230	Closed tx, femur fracture.	\$440
27816	Closed tx, ankle fracture	\$312
28415	Closed tx, humerus fracture	\$976
29580	Application of Paste Boot	\$40
35301	Rechannelling of Artery	\$1,464
36415	Drawing blood	\$8
36489	Insertion of Catheter, Vein	\$128
36533	Insertion of Access Port	\$472
38562	Removal, Pelvic Lymph Nodes	\$976
38770	Remove Pelvis Lymph Nodes	\$1,184
38780	Remove Abdomen Lymph Nodes	\$1,952
44005	Freeing of Bowel Adhesion	\$792
44140	Partial Removal of Colon	\$1,136
44950	Appendectomy	\$576
44970	Laparoscopy surgical appendectomy	\$576
45378	Diagnostic Colonoscopy	\$336
45560	Repair of Rectocele	\$376
46255	Hemorrhoidectomy, internal and external	\$448
47600	Cholecystectomy	\$1,040
49000	Exploration of Abdomen	\$696
49320	Laparoscopy, diagnostic	\$496
49505	Repair Inguinal Hernia	\$568
49560	Repair Abdominal Hernia	\$688
50590	Lithotripsy, extracorporeal shock wave	\$1,328
51840	Bladder repair/vesical neck	\$960

52612	TURP	\$880
55810	Prostatectomy, perineal radical	\$1,648
57240	Repair Bladder & Vagina	\$544
57280	Suspension of Vagina	\$848
57282	Repair of Vaginal Prolapse	\$848
58150	Total Hysterectomy	\$1,000
58260	Vaginal Hysterectomy	\$968
58400	Suspension of Uterus	\$656
58600	Division of fallopian tube	\$464
58700	Removal of fallopian tube	\$608
58720	Removal of ovary/tube(s)	\$712
58740	Revise Fallopian Tube(s)	\$744
58750	Repair Oviduct	\$1,216
58770	Create New Tubal Opening	\$1,064
58925	Removal of ovarian cyst(s)	\$544
58940	Removal of ovary(s)	\$544
59121	Surgical treat of ectopic preg w/o salpingectomy	\$760
59150	Treat Ectopic Pregnancy	\$760
59400	Obstetrical Care	\$992
59409	Obstetrical Care	\$520
59410	Obstetrical Care	\$576
59510	Cesarean delivery	\$1,224
59851	Abortion	\$576
61154	Pierce Skull, Remove Clot	\$1,576
61312	Open Skull for Drainage	\$2,000
62284	Injection for Myelogram	\$256
63030	Low Back Disk Surgery	\$1,792
63035	Added Spinal Disk Surgery	\$584
63047	Removal of Spinal Lamina	\$2,000
63048	Removal of Spinal Lamina	\$704
63075	Neck Spine Disk Surgery	\$1,848
64721	Carpal Tunnel Surgery	\$576
65855	Laser Surgery of Eye	\$552
66170	Glaucoma Surgery	\$744
66761	Revision of Iris	\$440
66984	Remove Cataract, Insert Lens	\$1,064
67210	Treatment of Retinal Lesion	\$568
67820	Revise Eyelashes	\$56
67840	Remove Eyelid Lesion	\$144

68761	Close Tear Duct Opening	\$88]
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[\$2500 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$70
10061	I&D of Abscess, Complex	\$160
19000	Puncture Aspiration of cyst of Breast	\$80
19120	Removal of Breast Lesion	\$460
19180	Mastectomy, Simple	\$770
19240	Removal of Breast	\$1,150
20550	In Tendon/Ligament/cyst	\$60
20600	Drain/Inject Joint/Bursa	\$60
20605	Drain/Inject Joint/Bursa	\$60
22554	Neck Spine Fusion	\$2,500
23500	Closed tx, clavicle fracture	\$190
25560	Closed tx, radius fracture	\$360
27230	Closed tx, femur fracture.	\$550
27816	Closed tx, ankle fracture	\$390
28415	Closed tx, humerus fracture	\$1,220
29580	Application of Paste Boot	\$50
35301	Rechannelling of Artery	\$1,830
36415	Drawing blood	\$10
36489	Insertion of Catheter, Vein	\$160
36533	Insertion of Access Port	\$590
38562	Removal, Pelvic Lymph Nodes	\$1,220
38770	Remove Pelvis Lymph Nodes	\$1,480
38780	Remove Abdomen Lymph Nodes	\$2,440
44005	Freeing of Bowel Adhesion	\$990
44140	Partial Removal of Colon	\$1,420
44950	Appendectomy	\$720
44970	Laparoscopy surgical appendectomy	\$720
45378	Diagnostic Colonoscopy	\$420
45560	Repair of Rectocele	\$470
46255	Hemorrhoidectomy, internal and external	\$560
47600	Cholecystectomy	\$1,300
49000	Exploration of Abdomen	\$870
49320	Laparoscopy, diagnostic	\$620
49505	Repair Inguinal Hernia	\$710
49560	Repair Abdominal Hernia	\$860
50590	Lithotripsy, extracorporeal shock wave	\$1,660
51840	Bladder repair/vesical neck	\$1,200

52612	TURP	\$1,100
55810	Prostatectomy, perineal radical	\$2,060
57240	Repair Bladder & Vagina	\$680
57280	Suspension of Vagina	\$1,060
57282	Repair of Vaginal Prolapse	\$1,060
58150	Total Hysterectomy	\$1,250
58260	Vaginal Hysterectomy	\$1,210
58400	Suspension of Uterus	\$820
58600	Division of fallopian tube	\$580
58700	Removal of fallopian tube	\$760
58720	Removal of ovary/tube(s)	\$890
58740	Revise Fallopian Tube(s)	\$930
58750	Repair Oviduct	\$1,520
58770	Create New Tubal Opening	\$1,330
58925	Removal of ovarian cyst(s)	\$680
58940	Removal of ovary(s)	\$680
59121	Surgical treat of ectopic preg w/o salpingectomy	\$950
59150	Treat Ectopic Pregnancy	\$950
59400	Obstetrical Care	\$1,240
59409	Obstetrical Care	\$650
59410	Obstetrical Care	\$720
59510	Cesarean delivery	\$1,530
59851	Abortion	\$720
61154	Pierce Skull, Remove Clot	\$1,970
61312	Open Skull for Drainage	\$2,500
62284	Injection for Myelogram	\$320
63030	Low Back Disk Surgery	\$2,240
63035	Added Spinal Disk Surgery	\$730
63047	Removal of Spinal Lamina	\$2,500
63048	Removal of Spinal Lamina	\$880
63075	Neck Spine Disk Surgery	\$2,310
64721	Carpal Tunnel Surgery	\$720
65855	Laser Surgery of Eye	\$690
66170	Glaucoma Surgery	\$930
66761	Revision of Iris	\$550
66984	Remove Cataract, Insert Lens	\$1,330
67210	Treatment of Retinal Lesion	\$710
67820	Revise Eyelashes	\$70
67840	Remove Eyelid Lesion	\$180

68761 Close Tear Duct Opening

\$110]

[\$3000 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$84
10061	I&D of Abscess, Complex	\$192
19000	Puncture Aspiration of cyst of Breast	\$96
19120	Removal of Breast Lesion	\$552
19180	Mastectomy, Simple	\$924
19240	Removal of Breast	\$1,380
20550	In Tendon/Ligament/cyst	\$72
20600	Drain/Inject Joint/Bursa	\$72
20605	Drain/Inject Joint/Bursa	\$72
22554	Neck Spine Fusion	\$3,000
23500	Closed tx, clavicle fracture	\$228
25560	Closed tx, radius fracture	\$432
27230	Closed tx, femur fracture.	\$660
27816	Closed tx, ankle fracture	\$468
28415	Closed tx, humerus fracture	\$1,464
29580	Application of Paste Boot	\$60
35301	Rechanneling of Artery	\$2,196
36415	Drawing blood	\$12
36489	Insertion of Catheter, Vein	\$192
36533	Insertion of Access Port	\$708
38562	Removal, Pelvic Lymph Nodes	\$1,464
38770	Remove Pelvis Lymph Nodes	\$1,776
38780	Remove Abdomen Lymph Nodes	\$2,928
44005	Freeing of Bowel Adhesion	\$1,188
44140	Partial Removal of Colon	\$1,704
44950	Appendectomy	\$864
44970	Laparoscopy surgical appendectomy	\$864
45378	Diagnostic Colonoscopy	\$504
45560	Repair of Rectocele	\$564
46255	Hemorrhoidectomy, internal and external	\$672
47600	Cholecystectomy	\$1,560
49000	Exploration of Abdomen	\$1,044
49320	Laparoscopy, diagnostic	\$744
49505	Repair Inguinal Hernia	\$852
49560	Repair Abdominal Hernia	\$1,032
50590	Lithotripsy, extracorporeal shock wave	\$1,992
51840	Bladder repair/vesical neck	\$1,440

52612	TURP	\$1,320
55810	Prostatectomy, perineal radical	\$2,472
57240	Repair Bladder & Vagina	\$816
57280	Suspension of Vagina	\$1,272
57282	Repair of Vaginal Prolapse	\$1,272
58150	Total Hysterectomy	\$1,500
58260	Vaginal Hysterectomy	\$1,452
58400	Suspension of Uterus	\$984
58600	Division of fallopian tube	\$696
58700	Removal of fallopian tube	\$912
58720	Removal of ovary/tube(s)	\$1,068
58740	Revise Fallopian Tube(s)	\$1,116
58750	Repair Oviduct	\$1,824
58770	Create New Tubal Opening	\$1,596
58925	Removal of ovarian cyst(s)	\$816
58940	Removal of ovary(s)	\$816
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,140
59150	Treat Ectopic Pregnancy	\$1,140
59400	Obstetrical Care	\$1,488
59409	Obstetrical Care	\$780
59410	Obstetrical Care	\$864
59510	Cesarean delivery	\$1,836
59851	Abortion	\$864
61154	Pierce Skull, Remove Clot	\$2,364
61312	Open Skull for Drainage	\$3,000
62284	Injection for Myelogram	\$384
63030	Low Back Disk Surgery	\$2,688
63035	Added Spinal Disk Surgery	\$876
63047	Removal of Spinal Lamina	\$3,000
63048	Removal of Spinal Lamina	\$1,056
63075	Neck Spine Disk Surgery	\$2,772
64721	Carpal Tunnel Surgery	\$864
65855	Laser Surgery of Eye	\$828
66170	Glaucoma Surgery	\$1,116
66761	Revision of Iris	\$660
66984	Remove Cataract, Insert Lens	\$1,596
67210	Treatment of Retinal Lesion	\$852
67820	Revise Eyelashes	\$84
67840	Remove Eyelid Lesion	\$216

68761	Close Tear Duct Opening	\$132]
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[\$3500 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$98
10061	I&D of Abscess, Complex	\$224
19000	Puncture Aspiration of cyst of Breast	\$112
19120	Removal of Breast Lesion	\$644
19180	Mastectomy, Simple	\$1,078
19240	Removal of Breast	\$1,610
20550	In Tendon/Ligament/cyst	\$84
20600	Drain/Inject Joint/Bursa	\$84
20605	Drain/Inject Joint/Bursa	\$84
22554	Neck Spine Fusion	\$3,500
23500	Closed tx, clavicle fracture	\$266
25560	Closed tx, radius fracture	\$504
27230	Closed tx, femur fracture.	\$770
27816	Closed tx, ankle fracture	\$546
28415	Closed tx, humerus fracture	\$1,708
29580	Application of Paste Boot	\$70
35301	Rechannelling of Artery	\$2,562
36415	Drawing blood	\$14
36489	Insertion of Catheter, Vein	\$224
36533	Insertion of Access Port	\$826
38562	Removal, Pelvic Lymph Nodes	\$1,708
38770	Remove Pelvis Lymph Nodes	\$2,072
38780	Remove Abdomen Lymph Nodes	\$3,416
44005	Freeing of Bowel Adhesion	\$1,386
44140	Partial Removal of Colon	\$1,988
44950	Appendectomy	\$1,008
44970	Laparoscopy surgical appendectomy	\$1,008
45378	Diagnostic Colonoscopy	\$588
45560	Repair of Rectocele	\$658
46255	Hemorrhoidectomy, internal and external	\$784
47600	Cholecystectomy	\$1,820
49000	Exploration of Abdomen	\$1,218
49320	Laparoscopy, diagnostic	\$868
49505	Repair Inguinal Hernia	\$994
49560	Repair Abdominal Hernia	\$1,204
50590	Lithotripsy, extracorporeal shock wave	\$2,324
51840	Bladder repair/vesical neck	\$1,680

52612	TURP	\$1,540
55810	Prostatectomy, perineal radical	\$2,884
57240	Repair Bladder & Vagina	\$952
57280	Suspension of Vagina	\$1,484
57282	Repair of Vaginal Prolapse	\$1,484
58150	Total Hysterectomy	\$1,750
58260	Vaginal Hysterectomy	\$1,694
58400	Suspension of Uterus	\$1,148
58600	Division of fallopian tube	\$812
58700	Removal of fallopian tube	\$1,064
58720	Removal of ovary/tube(s)	\$1,246
58740	Revise Fallopian Tube(s)	\$1,302
58750	Repair Oviduct	\$2,128
58770	Create New Tubal Opening	\$1,862
58925	Removal of ovarian cyst(s)	\$952
58940	Removal of ovary(s)	\$952
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,330
59150	Treat Ectopic Pregnancy	\$1,330
59400	Obstetrical Care	\$1,736
59409	Obstetrical Care	\$910
59410	Obstetrical Care	\$1,008
59510	Cesarean delivery	\$2,142
59851	Abortion	\$1,008
61154	Pierce Skull, Remove Clot	\$2,758
61312	Open Skull for Drainage	\$3,500
62284	Injection for Myelogram	\$448
63030	Low Back Disk Surgery	\$3,136
63035	Added Spinal Disk Surgery	\$1,022
63047	Removal of Spinal Lamina	\$3,500
63048	Removal of Spinal Lamina	\$1,232
63075	Neck Spine Disk Surgery	\$3,234
64721	Carpal Tunnel Surgery	\$1,008
65855	Laser Surgery of Eye	\$966
66170	Glaucoma Surgery	\$1,302
66761	Revision of Iris	\$770
66984	Remove Cataract, Insert Lens	\$1,862
67210	Treatment of Retinal Lesion	\$994
67820	Revise Eyelashes	\$98
67840	Remove Eyelid Lesion	\$252

68761	Close Tear Duct Opening	\$154]
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[\$4000 Option]

[CPT-4

Codes

Procedure

Amount

10060	I&D of Abscess, Simple	\$112
10061	I&D of Abscess, Complex	\$256
19000	Puncture Aspiration of cyst of Breast	\$128
19120	Removal of Breast Lesion	\$736
19180	Mastectomy, Simple	\$1,232
19240	Removal of Breast	\$1,840
20550	In Tendon/Ligament/cyst	\$96
20600	Drain/Inject Joint/Bursa	\$96
20605	Drain/Inject Joint/Bursa	\$96
22554	Neck Spine Fusion	\$4,000
23500	Closed tx, clavicle fracture	\$304
25560	Closed tx, radius fracture	\$576
27230	Closed tx, femur fracture.	\$880
27816	Closed tx, ankle fracture	\$624
28415	Closed tx, humerus fracture	\$1,952
29580	Application of Paste Boot	\$80
35301	Rechanneling of Artery	\$2,928
36415	Drawing blood	\$16
36489	Insertion of Catheter, Vein	\$256
36533	Insertion of Access Port	\$944
38562	Removal, Pelvic Lymph Nodes	\$1,952
38770	Remove Pelvis Lymph Nodes	\$2,368
38780	Remove Abdomen Lymph Nodes	\$3,904
44005	Freeing of Bowel Adhesion	\$1,584
44140	Partial Removal of Colon	\$2,272
44950	Appendectomy	\$1,152
44970	Laparoscopy surgical appendectomy	\$1,152
45378	Diagnostic Colonoscopy	\$672
45560	Repair of Rectocele	\$752
46255	Hemorrhoidectomy, internal and external	\$896
47600	Cholecystectomy	\$2,080
49000	Exploration of Abdomen	\$1,392
49320	Laparoscopy, diagnostic	\$992
49505	Repair Inguinal Hernia	\$1,136
49560	Repair Abdominal Hernia	\$1,376
50590	Lithotripsy, extracorporeal shock wave	\$2,656
51840	Bladder repair/vesical neck	\$1,920

52612	TURP	\$1,760
55810	Prostatectomy, perineal radical	\$3,296
57240	Repair Bladder & Vagina	\$1,088
57280	Suspension of Vagina	\$1,696
57282	Repair of Vaginal Prolapse	\$1,696
58150	Total Hysterectomy	\$2,000
58260	Vaginal Hysterectomy	\$1,936
58400	Suspension of Uterus	\$1,312
58600	Division of fallopian tube	\$928
58700	Removal of fallopian tube	\$1,216
58720	Removal of ovary/tube(s)	\$1,424
58740	Revise Fallopian Tube(s)	\$1,488
58750	Repair Oviduct	\$2,432
58770	Create New Tubal Opening	\$2,128
58925	Removal of ovarian cyst(s)	\$1,088
58940	Removal of ovary(s)	\$1,088
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,520
59150	Treat Ectopic Pregnancy	\$1,520
59400	Obstetrical Care	\$1,984
59409	Obstetrical Care	\$1,040
59410	Obstetrical Care	\$1,152
59510	Cesarean delivery	\$2,448
59851	Abortion	\$1,152
61154	Pierce Skull, Remove Clot	\$3,152
61312	Open Skull for Drainage	\$4,000
62284	Injection for Myelogram	\$512
63030	Low Back Disk Surgery	\$3,584
63035	Added Spinal Disk Surgery	\$1,168
63047	Removal of Spinal Lamina	\$4,000
63048	Removal of Spinal Lamina	\$1,408
63075	Neck Spine Disk Surgery	\$3,696
64721	Carpal Tunnel Surgery	\$1,152
65855	Laser Surgery of Eye	\$1,104
66170	Glaucoma Surgery	\$1,488
66761	Revision of Iris	\$880
66984	Remove Cataract, Insert Lens	\$2,128
67210	Treatment of Retinal Lesion	\$1,136
67820	Revise Eyelashes	\$112
67840	Remove Eyelid Lesion	\$288

68761	Close Tear Duct Opening	\$176]
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[\$4500 Option]

[CPT-4

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$126
10061	I&D of Abscess, Complex	\$288
19000	Puncture Aspiration of cyst of Breast	\$144
19120	Removal of Breast Lesion	\$828
19180	Mastectomy, Simple	\$1,386
19240	Removal of Breast	\$2,070
20550	In Tendon/Ligament/cyst	\$108
20600	Drain/Inject Joint/Bursa	\$108
20605	Drain/Inject Joint/Bursa	\$108
22554	Neck Spine Fusion	\$4,500
23500	Closed tx, clavicle fracture	\$342
25560	Closed tx, radius fracture	\$648
27230	Closed tx, femur fracture.	\$990
27816	Closed tx, ankle fracture	\$702
28415	Closed tx, humerus fracture	\$2,196
29580	Application of Paste Boot	\$90
35301	Rechannelling of Artery	\$3,294
36415	Drawing blood	\$18
36489	Insertion of Catheter, Vein	\$288
36533	Insertion of Access Port	\$1,062
38562	Removal, Pelvic Lymph Nodes	\$2,196
38770	Remove Pelvis Lymph Nodes	\$2,664
38780	Remove Abdomen Lymph Nodes	\$4,392
44005	Freeing of Bowel Adhesion	\$1,782
44140	Partial Removal of Colon	\$2,556
44950	Appendectomy	\$1,296
44970	Laparoscopy surgical appendectomy	\$1,296
45378	Diagnostic Colonoscopy	\$756
45560	Repair of Rectocele	\$846
46255	Hemorrhoidectomy, internal and external	\$1,008
47600	Cholecystectomy	\$2,340
49000	Exploration of Abdomen	\$1,566
49320	Laparoscopy, diagnostic	\$1,116
49505	Repair Inguinal Hernia	\$1,278
49560	Repair Abdominal Hernia	\$1,548
50590	Lithotripsy, extracorporeal shock wave	\$2,988
51840	Bladder repair/vesical neck	\$2,160

52612	TURP	\$1,980
55810	Prostatectomy, perineal radical	\$3,708
57240	Repair Bladder & Vagina	\$1,224
57280	Suspension of Vagina	\$1,908
57282	Repair of Vaginal Prolapse	\$1,908
58150	Total Hysterectomy	\$2,250
58260	Vaginal Hysterectomy	\$2,178
58400	Suspension of Uterus	\$1,476
58600	Division of fallopian tube	\$1,044
58700	Removal of fallopian tube	\$1,368
58720	Removal of ovary/tube(s)	\$1,602
58740	Revise Fallopian Tube(s)	\$1,674
58750	Repair Oviduct	\$2,736
58770	Create New Tubal Opening	\$2,394
58925	Removal of ovarian cyst(s)	\$1,224
58940	Removal of ovary(s)	\$1,224
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,710
59150	Treat Ectopic Pregnancy	\$1,710
59400	Obstetrical Care	\$2,232
59409	Obstetrical Care	\$1,170
59410	Obstetrical Care	\$1,296
59510	Cesarean delivery	\$2,754
59851	Abortion	\$1,296
61154	Pierce Skull, Remove Clot	\$3,546
61312	Open Skull for Drainage	\$4,500
62284	Injection for Myelogram	\$576
63030	Low Back Disk Surgery	\$4,032
63035	Added Spinal Disk Surgery	\$1,314
63047	Removal of Spinal Lamina	\$4,500
63048	Removal of Spinal Lamina	\$1,584
63075	Neck Spine Disk Surgery	\$4,158
64721	Carpal Tunnel Surgery	\$1,296
65855	Laser Surgery of Eye	\$1,242
66170	Glaucoma Surgery	\$1,674
66761	Revision of Iris	\$990
66984	Remove Cataract, Insert Lens	\$2,394
67210	Treatment of Retinal Lesion	\$1,278
67820	Revise Eyelashes	\$126
67840	Remove Eyelid Lesion	\$324

68761	Close Tear Duct Opening	\$198]
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[\$5000 Option]

[CPT-4

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$140
10061	I&D of Abscess, Complex	\$320
19000	Puncture Aspiration of cyst of Breast	\$160
19120	Removal of Breast Lesion	\$920
19180	Mastectomy, Simple	\$1,540
19240	Removal of Breast	\$2,300
20550	In Tendon/Ligament/cyst	\$120
20600	Drain/Inject Joint/Bursa	\$120
20605	Drain/Inject Joint/Bursa	\$120
22554	Neck Spine Fusion	\$5,000
23500	Closed tx, clavicle fracture	\$380
25560	Closed tx, radius fracture	\$720
27230	Closed tx, femur fracture.	\$1,100
27816	Closed tx, ankle fracture	\$780
28415	Closed tx, humerus fracture	\$2,440
29580	Application of Paste Boot	\$100
35301	Rechannelling of Artery	\$3,660
36415	Drawing blood	\$20
36489	Insertion of Catheter, Vein	\$320
36533	Insertion of Access Port	\$1,180
38562	Removal, Pelvic Lymph Nodes	\$2,440
38770	Remove Pelvis Lymph Nodes	\$2,960
38780	Remove Abdomen Lymph Nodes	\$4,880
44005	Freeing of Bowel Adhesion	\$1,980
44140	Partial Removal of Colon	\$2,840
44950	Appendectomy	\$1,440
44970	Laparoscopy surgical appendectomy	\$1,440
45378	Diagnostic Colonoscopy	\$840
45560	Repair of Rectocele	\$940
46255	Hemorrhoidectomy, internal and external	\$1,120
47600	Cholecystectomy	\$2,600
49000	Exploration of Abdomen	\$1,740
49320	Laparoscopy, diagnostic	\$1,240
49505	Repair Inguinal Hernia	\$1,420
49560	Repair Abdominal Hernia	\$1,720
50590	Lithotripsy, extracorporeal shock wave	\$3,320
51840	Bladder repair/vesical neck	\$2,400

52612	TURP	\$2,200
55810	Prostatectomy, perineal radical	\$4,120
57240	Repair Bladder & Vagina	\$1,360
57280	Suspension of Vagina	\$2,120
57282	Repair of Vaginal Prolapse	\$2,120
58150	Total Hysterectomy	\$2,500
58260	Vaginal Hysterectomy	\$2,420
58400	Suspension of Uterus	\$1,640
58600	Division of fallopian tube	\$1,160
58700	Removal of fallopian tube	\$1,520
58720	Removal of ovary/tube(s)	\$1,780
58740	Revise Fallopian Tube(s)	\$1,860
58750	Repair Oviduct	\$3,040
58770	Create New Tubal Opening	\$2,660
58925	Removal of ovarian cyst(s)	\$1,360
58940	Removal of ovary(s)	\$1,360
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,900
59150	Treat Ectopic Pregnancy	\$1,900
59400	Obstetrical Care	\$2,480
59409	Obstetrical Care	\$1,300
59410	Obstetrical Care	\$1,440
59510	Cesarean delivery	\$3,060
59851	Abortion	\$1,440
61154	Pierce Skull, Remove Clot	\$3,940
61312	Open Skull for Drainage	\$5,000
62284	Injection for Myelogram	\$640
63030	Low Back Disk Surgery	\$4,480
63035	Added Spinal Disk Surgery	\$1,460
63047	Removal of Spinal Lamina	\$5,000
63048	Removal of Spinal Lamina	\$1,760
63075	Neck Spine Disk Surgery	\$4,620
64721	Carpal Tunnel Surgery	\$1,440
65855	Laser Surgery of Eye	\$1,380
66170	Glaucoma Surgery	\$1,860
66761	Revision of Iris	\$1,100
66984	Remove Cataract, Insert Lens	\$2,660
67210	Treatment of Retinal Lesion	\$1,420
67820	Revise Eyelashes	\$140
67840	Remove Eyelid Lesion	\$360

68761	Close Tear Duct Opening	\$220]
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[\$5,500 Option]

[CPT-4 Codes]	Procedure	Amount
10060	I&D of Abscess, Simple	\$154
10061	I&D of Abscess, Complex	\$352
19000	Puncture Aspiration of cyst of Breast	\$176
19120	Removal of Breast Lesion	\$1,012
19180	Mastectomy, Simple	\$1,694
19240	Removal of Breast	\$2,530
20550	In Tendon/Ligament/cyst	\$132
20600	Drain/Inject Joint/Bursa	\$132
20605	Drain/Inject Joint/Bursa	\$132
22554	Neck Spine Fusion	\$5,500
23500	Closed tx, clavicle fracture	\$418
25560	Closed tx, radius fracture	\$792
27230	Closed tx, femur fracture.	\$1,210
27816	Closed tx, ankle fracture	\$858
28415	Closed tx, humerus fracture	\$2,684
29580	Application of Paste Boot	\$110
35301	Rechannelling of Artery	\$4,026
36415	Drawing blood	\$22
36489	Insertion of Catheter, Vein	\$352
36533	Insertion of Access Port	\$1,298
38562	Removal, Pelvic Lymph Nodes	\$2,684
38770	Remove Pelvis Lymph Nodes	\$3,256
38780	Remove Abdomen Lymph Nodes	\$5,368
44005	Freeing of Bowel Adhesion	\$2,178
44140	Partial Removal of Colon	\$3,124
44950	Appendectomy	\$1,584
44970	Laparoscopy surgical appendectomy	\$1,584
45378	Diagnostic Colonoscopy	\$924
45560	Repair of Rectocele	\$1,034
46255	Hemorrhoidectomy, internal and external	\$1,232
47600	Cholecystectomy	\$2,860
49000	Exploration of Abdomen	\$1,914
49320	Laparoscopy, diagnostic	\$1,364
49505	Repair Inguinal Hernia	\$1,562
49560	Repair Abdominal Hernia	\$1,892
50590	Lithotripsy, extracorporeal shock wave	\$3,652
51840	Bladder repair/vesical neck	\$2,640

52612	TURP	\$2,420
55810	Prostatectomy, perineal radical	\$4,532
57240	Repair Bladder & Vagina	\$1,496
57280	Suspension of Vagina	\$2,332
57282	Repair of Vaginal Prolapse	\$2,332
58150	Total Hysterectomy	\$2,750
58260	Vaginal Hysterectomy	\$2,662
58400	Suspension of Uterus	\$1,804
58600	Division of fallopian tube	\$1,276
58700	Removal of fallopian tube	\$1,672
58720	Removal of ovary/tube(s)	\$1,958
58740	Revise Fallopian Tube(s)	\$2,046
58750	Repair Oviduct	\$3,344
58770	Create New Tubal Opening	\$2,926
58925	Removal of ovarian cyst(s)	\$1,496
58940	Removal of ovary(s)	\$1,496
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,090
59150	Treat Ectopic Pregnancy	\$2,090
59400	Obstetrical Care	\$2,728
59409	Obstetrical Care	\$1,430
59410	Obstetrical Care	\$1,584
59510	Cesarean delivery	\$3,366
59851	Abortion	\$1,584
61154	Pierce Skull, Remove Clot	\$4,334
61312	Open Skull for Drainage	\$5,500
62284	Injection for Myelogram	\$704
63030	Low Back Disk Surgery	\$4,928
63035	Added Spinal Disk Surgery	\$1,606
63047	Removal of Spinal Lamina	\$5,500
63048	Removal of Spinal Lamina	\$1,936
63075	Neck Spine Disk Surgery	\$5,082
64721	Carpal Tunnel Surgery	\$1,584
65855	Laser Surgery of Eye	\$1,518
66170	Glaucoma Surgery	\$2,046
66761	Revision of Iris	\$1,210
66821	After Cataract Laser Surgery	\$1,122
66984	Remove Cataract, Insert Lens	\$2,926
67210	Treatment of Retinal Lesion	\$1,562
67228	Treatment of Retinal Lesion	\$1,672

67820	Revise Eyelashes	\$154
67840	Remove Eyelid Lesion	\$396
68761	Close Tear Duct Opening	\$242]

[\$6,000 Option]

[CPT-4 Codes]	Procedure	Amount
10060	I&D of Abscess, Simple	\$168
10061	I&D of Abscess, Complex	\$384
19000	Puncture Aspiration of cyst of Breast	\$192
19120	Removal of Breast Lesion	\$1,104
19180	Mastectomy, Simple	\$1,848
19240	Removal of Breast	\$2,760
20550	In Tendon/Ligament/cyst	\$144
20600	Drain/Inject Joint/Bursa	\$144
20605	Drain/Inject Joint/Bursa	\$144
22554	Neck Spine Fusion	\$6,000
23500	Closed tx, clavicle fracture	\$456
25560	Closed tx, radius fracture	\$864
27230	Closed tx, femur fracture.	\$1,320
27816	Closed tx, ankle fracture	\$936
28415	Closed tx, humerus fracture	\$2,928
29580	Application of Paste Boot	\$120
35301	Rechannelling of Artery	\$4,392
36415	Drawing blood	\$24
36489	Insertion of Catheter, Vein	\$384
36533	Insertion of Access Port	\$1,416
38562	Removal, Pelvic Lymph Nodes	\$2,928
38770	Remove Pelvis Lymph Nodes	\$3,552
38780	Remove Abdomen Lymph Nodes	\$5,856
44005	Freeing of Bowel Adhesion	\$2,376
44140	Partial Removal of Colon	\$3,408
44950	Appendectomy	\$1,728
44970	Laparoscopy surgical appendectomy	\$1,728
45378	Diagnostic Colonoscopy	\$1,008
45560	Repair of Rectocele	\$1,128
46255	Hemorrhoidectomy, internal and external	\$1,344
47600	Cholecystectomy	\$3,120
49000	Exploration of Abdomen	\$2,088
49320	Laparoscopy, diagnostic	\$1,488
49505	Repair Inguinal Hernia	\$1,704
49560	Repair Abdominal Hernia	\$2,064
50590	Lithotripsy, extracorporeal shock wave	\$3,984
51840	Bladder repair/vesical neck	\$2,880

52612	TURP	\$2,640
55810	Prostatectomy, perineal radical	\$4,944
57240	Repair Bladder & Vagina	\$1,632
57280	Suspension of Vagina	\$2,544
57282	Repair of Vaginal Prolapse	\$2,544
58150	Total Hysterectomy	\$3,000
58260	Vaginal Hysterectomy	\$2,904
58400	Suspension of Uterus	\$1,968
58600	Division of fallopian tube	\$1,392
58700	Removal of fallopian tube	\$1,824
58720	Removal of ovary/tube(s)	\$2,136
58740	Revise Fallopian Tube(s)	\$2,232
58750	Repair Oviduct	\$3,648
58770	Create New Tubal Opening	\$3,192
58925	Removal of ovarian cyst(s)	\$1,632
58940	Removal of ovary(s)	\$1,632
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,280
59150	Treat Ectopic Pregnancy	\$2,280
59400	Obstetrical Care	\$2,976
59409	Obstetrical Care	\$1,560
59410	Obstetrical Care	\$1,728
59510	Cesarean delivery	\$3,672
59851	Abortion	\$1,728
61154	Pierce Skull, Remove Clot	\$4,728
61312	Open Skull for Drainage	\$6,000
62284	Injection for Myelogram	\$768
63030	Low Back Disk Surgery	\$5,376
63035	Added Spinal Disk Surgery	\$1,752
63047	Removal of Spinal Lamina	\$6,000
63048	Removal of Spinal Lamina	\$2,112
63075	Neck Spine Disk Surgery	\$5,544
64721	Carpal Tunnel Surgery	\$1,728
65855	Laser Surgery of Eye	\$1,656
66170	Glaucoma Surgery	\$2,232
66761	Revision of Iris	\$1,320
66821	After Cataract Laser Surgery	\$1,224
66984	Remove Cataract, Insert Lens	\$3,192
67210	Treatment of Retinal Lesion	\$1,704
67228	Treatment of Retinal Lesion	\$1,824

67820	Revise Eyelashes	\$168
67840	Remove Eyelid Lesion	\$432
68761	Close Tear Duct Opening	\$264]

[\$6,500 Option]

[CPT-4 Codes]	Procedure	Amount
10060	I&D of Abscess, Simple	\$182
10061	I&D of Abscess, Complex	\$416
19000	Puncture Aspiration of cyst of Breast	\$208
19120	Removal of Breast Lesion	\$1,196
19180	Mastectomy, Simple	\$2,002
19240	Removal of Breast	\$2,990
20550	In Tendon/Ligament/cyst	\$156
20600	Drain/Inject Joint/Bursa	\$156
20605	Drain/Inject Joint/Bursa	\$156
22554	Neck Spine Fusion	\$6,500
23500	Closed tx, clavicle fracture	\$494
25560	Closed tx, radius fracture	\$936
27230	Closed tx, femur fracture.	\$1,430
27816	Closed tx, ankle fracture	\$1,014
28415	Closed tx, humerus fracture	\$3,172
29580	Application of Paste Boot	\$130
35301	Rechannelling of Artery	\$4,758
36415	Drawing blood	\$26
36489	Insertion of Catheter, Vein	\$416
36533	Insertion of Access Port	\$1,534
38562	Removal, Pelvic Lymph Nodes	\$3,172
38770	Remove Pelvis Lymph Nodes	\$3,848
38780	Remove Abdomen Lymph Nodes	\$6,344
44005	Freeing of Bowel Adhesion	\$2,574
44140	Partial Removal of Colon	\$3,692
44950	Appendectomy	\$1,872
44970	Laparoscopy surgical appendectomy	\$1,872
45378	Diagnostic Colonoscopy	\$1,092
45560	Repair of Rectocele	\$1,222
46255	Hemorrhoidectomy, internal and external	\$1,456
47600	Cholecystectomy	\$3,380
49000	Exploration of Abdomen	\$2,262
49320	Laparoscopy, diagnostic	\$1,612

49505	Repair Inguinal Hernia	\$1,846
49560	Repair Abdominal Hernia	\$2,236
50590	Lithotripsy, extracorporeal shock wave	\$4,316
51840	Bladder repair/vesical neck	\$3,120
52612	TURP	\$2,860
55810	Prostatectomy, perineal radical	\$5,356
57240	Repair Bladder & Vagina	\$1,768
57280	Suspension of Vagina	\$2,756
57282	Repair of Vaginal Prolapse	\$2,756
58150	Total Hysterectomy	\$3,250
58260	Vaginal Hysterectomy	\$3,146
58400	Suspension of Uterus	\$2,132
58600	Division of fallopian tube	\$1,508
58700	Removal of fallopian tube	\$1,976
58720	Removal of ovary/tube(s)	\$2,314
58740	Revise Fallopian Tube(s)	\$2,418
58750	Repair Oviduct	\$3,952
58770	Create New Tubal Opening	\$3,458
58925	Removal of ovarian cyst(s)	\$1,768
58940	Removal of ovary(s)	\$1,768
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,470
59150	Treat Ectopic Pregnancy	\$2,470
59400	Obstetrical Care	\$3,224
59409	Obstetrical Care	\$1,690
59410	Obstetrical Care	\$1,872
59510	Cesarean delivery	\$3,978
59851	Abortion	\$1,872
61154	Pierce Skull, Remove Clot	\$5,122
61312	Open Skull for Drainage	\$6,500
62284	Injection for Myelogram	\$832
63030	Low Back Disk Surgery	\$5,824
63035	Added Spinal Disk Surgery	\$1,898
63047	Removal of Spinal Lamina	\$6,500
63048	Removal of Spinal Lamina	\$2,288
63075	Neck Spine Disk Surgery	\$6,006
64721	Carpal Tunnel Surgery	\$1,872
65855	Laser Surgery of Eye	\$1,794
66170	Glaucoma Surgery	\$2,418
66761	Revision of Iris	\$1,430

66821	After Cataract Laser Surgery	\$1,326
66984	Remove Cataract, Insert Lens	\$3,458
67210	Treatment of Retinal Lesion	\$1,846
67228	Treatment of Retinal Lesion	\$1,976
67820	Revise Eyelashes	\$182
67840	Remove Eyelid Lesion	\$468
68761	Close Tear Duct Opening	\$286]

[\$7,000 Option]

[CPT-4 Codes]	Procedure	Amount
10060	I&D of Abscess, Simple	\$196
10061	I&D of Abscess, Complex	\$448
19000	Puncture Aspiration of cyst of Breast	\$224
19120	Removal of Breast Lesion	\$1,288
19180	Mastectomy, Simple	\$2,156
19240	Removal of Breast	\$3,220
20550	In Tendon/Ligament/cyst	\$168
20600	Drain/Inject Joint/Bursa	\$168
20605	Drain/Inject Joint/Bursa	\$168
22554	Neck Spine Fusion	\$7,000
23500	Closed tx, clavicle fracture	\$532
25560	Closed tx, radius fracture	\$1,008
27230	Closed tx, femur fracture.	\$1,540
27816	Closed tx, ankle fracture	\$1,092
28415	Closed tx, humerus fracture	\$3,416
29580	Application of Paste Boot	\$140
35301	Rechannelling of Artery	\$5,124
36415	Drawing blood	\$28
36489	Insertion of Catheter, Vein	\$448
36533	Insertion of Access Port	\$1,652
38562	Removal, Pelvic Lymph Nodes	\$3,416
38770	Remove Pelvis Lymph Nodes	\$4,144
38780	Remove Abdomen Lymph Nodes	\$6,832
44005	Freeing of Bowel Adhesion	\$2,772
44140	Partial Removal of Colon	\$3,976
44950	Appendectomy	\$2,016
44970	Laparoscopy surgical appendectomy	\$2,016
45378	Diagnostic Colonoscopy	\$1,176
45560	Repair of Rectocele	\$1,316
46255	Hemorrhoidectomy, internal and external	\$1,568
47600	Cholecystectomy	\$3,640
49000	Exploration of Abdomen	\$2,436
49320	Laparoscopy, diagnostic	\$1,736
49505	Repair Inguinal Hernia	\$1,988
49560	Repair Abdominal Hernia	\$2,408
50590	Lithotripsy, extracorporeal shock wave	\$4,648
51840	Bladder repair/vesical neck	\$3,360

52612	TURP	\$3,080
55810	Prostatectomy, perineal radical	\$5,768
57240	Repair Bladder & Vagina	\$1,904
57280	Suspension of Vagina	\$2,968
57282	Repair of Vaginal Prolapse	\$2,968
58150	Total Hysterectomy	\$3,500
58260	Vaginal Hysterectomy	\$3,388
58400	Suspension of Uterus	\$2,296
58600	Division of fallopian tube	\$1,624
58700	Removal of fallopian tube	\$2,128
58720	Removal of ovary/tube(s)	\$2,492
58740	Revise Fallopian Tube(s)	\$2,604
58750	Repair Oviduct	\$4,256
58770	Create New Tubal Opening	\$3,724
58925	Removal of ovarian cyst(s)	\$1,904
58940	Removal of ovary(s)	\$1,904
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,660
59150	Treat Ectopic Pregnancy	\$2,660
59400	Obstetrical Care	\$3,472
59409	Obstetrical Care	\$1,820
59410	Obstetrical Care	\$2,016
59510	Cesarean delivery	\$4,284
59851	Abortion	\$2,016
61154	Pierce Skull, Remove Clot	\$5,516
61312	Open Skull for Drainage	\$7,000
62284	Injection for Myelogram	\$896
63030	Low Back Disk Surgery	\$6,272
63035	Added Spinal Disk Surgery	\$2,044
63047	Removal of Spinal Lamina	\$7,000
63048	Removal of Spinal Lamina	\$2,464
63075	Neck Spine Disk Surgery	\$6,468
64721	Carpal Tunnel Surgery	\$2,016
65855	Laser Surgery of Eye	\$1,932
66170	Glaucoma Surgery	\$2,604
66761	Revision of Iris	\$1,540
66821	After Cataract Laser Surgery	\$1,428
66984	Remove Cataract, Insert Lens	\$3,724
67210	Treatment of Retinal Lesion	\$1,988
67228	Treatment of Retinal Lesion	\$2,128

67820	Revise Eyelashes	\$196
67840	Remove Eyelid Lesion	\$504
68761	Close Tear Duct Opening	\$308]

[\$7,500 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$210
10061	I&D of Abscess, Complex	\$480
19000	Puncture Aspiration of cyst of Breast	\$240
19120	Removal of Breast Lesion	\$1,380
19180	Mastectomy, Simple	\$2,310
19240	Removal of Breast	\$3,450
20550	In Tendon/Ligament/cyst	\$180
20600	Drain/Inject Joint/Bursa	\$180
20605	Drain/Inject Joint/Bursa	\$180
22554	Neck Spine Fusion	\$7,500
23500	Closed tx, clavicle fracture	\$570
25560	Closed tx, radius fracture	\$1,080
27230	Closed tx, femur fracture.	\$1,650
27816	Closed tx, ankle fracture	\$1,170
28415	Closed tx, humerus fracture	\$3,660
29580	Application of Paste Boot	\$150
35301	Rechannelling of Artery	\$5,490
36415	Drawing blood	\$30
36489	Insertion of Catheter, Vein	\$480
36533	Insertion of Access Port	\$1,770
38562	Removal, Pelvic Lymph Nodes	\$3,660
38770	Remove Pelvis Lymph Nodes	\$4,440
38780	Remove Abdomen Lymph Nodes	\$7,320
44005	Freeing of Bowel Adhesion	\$2,970
44140	Partial Removal of Colon	\$4,260
44950	Appendectomy	\$2,160
44970	Laparoscopy surgical appendectomy	\$2,160
45378	Diagnostic Colonoscopy	\$1,260
45560	Repair of Rectocele	\$1,410
46255	Hemorrhoidectomy, internal and external	\$1,680
47600	Cholecystectomy	\$3,900
49000	Exploration of Abdomen	\$2,610
49320	Laparoscopy, diagnostic	\$1,860

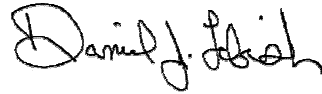
49505	Repair Inguinal Hernia	\$2,130
49560	Repair Abdominal Hernia	\$2,580
50590	Lithotripsy, extracorporeal shock wave	\$4,980
51840	Bladder repair/vesical neck	\$3,600
52612	TURP	\$3,300
55810	Prostatectomy, perineal radical	\$6,180
57240	Repair Bladder & Vagina	\$2,040
57280	Suspension of Vagina	\$3,180
57282	Repair of Vaginal Prolapse	\$3,180
58150	Total Hysterectomy	\$3,750
58260	Vaginal Hysterectomy	\$3,630
58400	Suspension of Uterus	\$2,460
58600	Division of fallopian tube	\$1,740
58700	Removal of fallopian tube	\$2,280
58720	Removal of ovary/tube(s)	\$2,670
58740	Revise Fallopian Tube(s)	\$2,790
58750	Repair Oviduct	\$4,560
58770	Create New Tubal Opening	\$3,990
58925	Removal of ovarian cyst(s)	\$2,040
58940	Removal of ovary(s)	\$2,040
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,850
59150	Treat Ectopic Pregnancy	\$2,850
59400	Obstetrical Care	\$3,720
59409	Obstetrical Care	\$1,950
59410	Obstetrical Care	\$2,160
59510	Cesarean delivery	\$4,590
59851	Abortion	\$2,160
61154	Pierce Skull, Remove Clot	\$5,910
61312	Open Skull for Drainage	\$7,500
62284	Injection for Myelogram	\$960
63030	Low Back Disk Surgery	\$6,720
63035	Added Spinal Disk Surgery	\$2,190
63047	Removal of Spinal Lamina	\$7,500
63048	Removal of Spinal Lamina	\$2,640
63075	Neck Spine Disk Surgery	\$6,930
64721	Carpal Tunnel Surgery	\$2,160
65855	Laser Surgery of Eye	\$2,070
66170	Glaucoma Surgery	\$2,790
66761	Revision of Iris	\$1,650

66821	After Cataract Laser Surgery	\$1,530
66984	Remove Cataract, Insert Lens	\$3,990
67210	Treatment of Retinal Lesion	\$2,130
67228	Treatment of Retinal Lesion	\$2,280
67820	Revise Eyelashes	\$210
67840	Remove Eyelid Lesion	\$540
68761	Close Tear Duct Opening	\$300]

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company certifies that you will be insured under the Policy Number issued to the Policyholder named below during the time, in the manner, and for the amounts provided in the Group Policy.



President

POLICYHOLDER:	[*]
POLICY NUMBER:	[*]
[PARTICIPATING ORGANIZATION:]	[*]
CERTIFICATE EFFECTIVE DATE:	[*]
STATE OF ISSUE:	[*]

Your coverage under the Policy **HM Life Insurance Company** issued to the Policyholder is shown in this Certificate. If your coverage is changed by an amendment to the Policy, we will provide the [Policyholder] with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the [Policyholder]'s address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Covered Person. The "Company", we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

GROUP HOSPITAL INDEMNITY POLICY • NON-PARTICIPATING

THE POLICY PROVIDES LIMITED BENEFITS

NO RECOVERY FOR PRE-EXISTING CONDITIONS - READ CAREFULLY.

No benefits will be provided for the first twelve months a person is covered under the Policy for conditions for which medical advice or treatment was received or recommended during the [three] [six] [twelve] month period prior to the effective date of such person's coverage under the Policy.

Questions or Comments

We want to hear from you. If you have any questions about this Certificate, its benefits, the filing of claims, a complaint or a compliment, write to us at the address on the front of this Certificate. Thank you for your loyal patronage.

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[SCHEDULE OF AFFILIATES

The following Affiliates are covered under this Certificate on the effective dates listed below. A newly-acquired Affiliate may be covered under this Certificate on the first of the month following the date it is acquired as long as the [Policyholder] notifies us within [30] [45] [60] [90] [180] days of its acquisition and pays the required premium. If we are not notified within the required time period, the Affiliate will be covered on the date we agree in writing to provide coverage and receive the required premium. Individuals who are [employed by] [members of] [associated with] the Affiliate on its effective date of coverage are eligible for coverage on that date.

[Affiliate Name	Location	Effective Date
[*]	[*]	[*]]

SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the Certificate provisions carefully.

No benefits are payable for any Covered Person until the Eligibility Waiting Period has been completed.

Eligibility Waiting Period

[For [employee]s hired [30] [31] [60] days [or more] before the Certificate Effective Date:] [None] [30] [31] [45] [60] [90] [days] [The period determined by the [Policyholder's] personnel practices]]

[For [employee]s hired after the Certificate Effective Date:] [None] [30] [31] [45] [60] [90] [days] [the [Policyholder]'s next Open Enrollment Period] [The period determined by the [Policyholder's] personnel practices]]

Covered Persons

- [1.] [Employee]
- [2.] [Dependent Spouse] [Domestic Partner]
- [3.] [Dependent Children]

[Reduction Schedule

Rate	50%
Attained Age	70]

Benefit	Amount
----------------	---------------

Hospital Confinement

Per day	[\$100 - \$2000 (in \$50 increments)]
Number of days per confinement	180

[Hospital Admission

Per Hospital Stay	[\$100 -\$2000 (in \$50 increments)]
Number of Days (per Hospital Stay)	1]

[Hospital Intensive Care

Per day	[\$100 -\$2000 (in \$50 increments)]
Number of days per confinement	30]

[Hospital Emergency Room[*]

[Covered Person] Per visit	[\$25 -\$250 in \$25 increments per visit]
[Number of Visits per Plan year	2]
[* Emergency Room visits due to sickness are excluded unless the Covered Person is admitted to a Hospital within [48] [72] hours]	

[Surgical Benefit

Benefit per Surgical Procedure	See Surgical Schedule
Maximum for any one Procedure	[\$500 – \$7500 in \$500 increments]]

[Anesthesia Benefit

20% of the Benefit per Surgical Procedure]

[Health Screening Benefit

Benefit per test	[\$25] [50] [75] [100]
Number of Tests per [Plan] year	1]

Minimum Participation Requirement

[5] [Employees] [and] [Dependents]

[Rates and Premiums]**[Mode of Premium Payment**

[Weekly] [Bi-weekly][Monthly] [Quarterly] [Semi-annual] [Annual]]

Premium Due Dates

Certificate Effective Date and the first day of each month thereafter

Contributions

[Certificate Effective Date and the first day of each month thereafter]

[Certificate Effective Date and the first day of each calendar quarter thereafter]

Certificate Effective Date and the first day [July] [and] [January] thereafter]

[Rates

[Weekly] [Bi-weekly][Monthly] [Quarterly] [Semi-annual] [Annual] Rate

[Employee]	[*]
[[Employee] and [Dependent Spouse]	
[Domestic Partner]]	[*]
[Employee] and Child(ren)	[*]
[Family]	[*]
[Composite]	[*]]

DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our, the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means that the Covered [Employee] is either:

1. at work on one of the [Employees] scheduled work days and is performing his regular duties on a[scheduled] basis, either at one of the [Employer's] usual places of business or at some other location to which the [Employer]'s business requires him to travel;

2. on a scheduled holiday[,] [or] vacation day [or period of [Employer]-approved paid leave of absence][, only if the [Employee] was in Active Service on the preceding scheduled workday].

A Covered Person is considered in Active Service if he is not one of the following:

1. an in-patient in a Hospital, skilled nursing facility, rehabilitation hospital, convalescent / personal care facility or receiving out-patient care and/or therapy that affects a Covered Person's ability to perform his regular duties on a scheduled basis;
2. confined at home under the care of a Physician or Doctor for a treatment of an Injury or Sickness; or
3. totally disabled.

Affiliate means a company, location or division while subsidiary to, affiliated with or controlled by the Policyholder.

Certificate means the document issued for delivery to the Covered Person that lists the benefits, conditions and limits of the Policy.

Company or **we, us, our**, means HM Life Insurance Company, domiciled in Pennsylvania.

Covered Accident means an Injury, which:

1. occurs as a result of an Injury while the Covered Person is insured under this Certificate, and after any applicable Eligibility Waiting Period;
2. is not subject to the Pre-Existing Condition Limitation; and
3. is not otherwise excluded under the terms of this Certificate.

[Employee] means a [full-time] [employee] of the [Policyholder] [who works an average of [10] [15] [20] hours per week [and who meets all of the requirements for one of the Covered Classes shown below].

- | | |
|-------------|--|
| [Class 1] | [All [employee]s] of the [Policyholder] who are officers] |
| [Class 2] | [All [employee]s] of the [Policyholder] who are managers or supervisors] |
| [Class 3] | [All [employee]s] of the [Policyholder]] at [location]] |
| [Class 4] | All other [employee]s] of the [Policyholder]]] |

Covered Person means an [Employee][,] [or] [Dependent] [Domestic Partner] , for whom an enrollment form has been accepted by us[, the required premium has been paid when due] and for whom coverage under this Policy remains in force. If [employee] is shown in the *Schedule of Benefits* we insure the [Employee]. Dependents are insured if either [Dependent spouse][,] [or] [Domestic Partner] or Dependent children is shown in the *Schedule of Benefits*.

Covered Sickness means an illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury that:

1. is first manifested while the Covered Person is insured under this Certificate, and after any applicable Eligibility Waiting Period;
2. is not subject to the Pre-Existing Condition Limitation; and
3. is not otherwise excluded under the terms of this Certificate.

Dependent means the [Employee]'s:

1. Spouse, unless such spouse is eligible as a Covered [Employee] under this Certificate; [and] [or]
- [2.] [Domestic Partner, unless such person is eligible as a Covered [Employee] under this Certificate; and]
- [3.] Unmarried natural or step child, unless such child is eligible for medical coverage as a Covered [Employee] under this Certificate and who:
 - [a.] is less than [19] [23] [25] [30] years old; or
 - [b.] is unmarried, under [23] [25] [30] years of age and attends an accredited educational institution as a full-time student; or
 - [c.] becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity within 31 days after coverage would otherwise terminate. This insurance will continue for as long as the Covered [Employee]'s insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age [19].

This term includes a child who:

- [1.] [is living with the Covered [Employee] in a parent child relationship; or]
- [2.] is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered [Employee]; or
- [3.] is required to be provided coverage by the Covered Person or his [spouse] [Domestic Partner] under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609[a]).

[Domestic Partner] means a person of [the same] [or] [the opposite] sex who:

- [1.] [is not married or legally separated][;]
- [2.] [has not been party to an action or proceeding for divorce or annulment within the last six months, or has been a party to such an action or proceeding and at least six months have elapsed since the date of the judgment terminating the marriage][;]
- [3.] [Is not currently registered in a domestic partnership with a different domestic partner and has not been in such a relationship for at least six months][;]
- [4.] [occupies the same residence as the [Employee]][;]
- [5.] [has not entered into a domestic partnership relationship that is temporary, social, political, commercial or economic in nature][;] [and]
- [6.] [has entered into a Domestic Partnership Arrangement with the [Employee]].]

[Domestic Partnership Arrangement] means the [Employee] and another person of [the same] [or] [the opposite] sex has any three of the following in common (documentation may be requested to the extent allowed by the city, county or state in which you reside):

1. joint lease, mortgage or deed;
2. joint ownership of a vehicle;

3. joint ownership of a checking account or credit account;
4. designation of the domestic partner as a beneficiary for the employee's life insurance or retirement benefits;
5. designation of the domestic partner as a beneficiary of the employee's will;
6. designation of the domestic partner as holding power of attorney for health care; or
7. shared household expenses.]

Eligibility Waiting Period means the period of time that must lapse before an [Employee][,] [or] [Dependent] [or] [Domestic Partner] is eligible for this insurance. It will be extended by the number of days the [Employee] is not in Active Service.

We will not pay benefits for a Covered Accident that occurs, a Covered Sickness that begins, or a Health Screening performed during the Eligibility Waiting Period.

[Provide **Evidence of Insurability** means a[n] [Employee],] [and Dependent] [and] [Domestic Partner] [Covered Person] must [upon request] [and at their expense]:

- [1.] complete and sign our [enrollment] [health and medical history] form[;]
- [2. sign our form authorizing us to obtain information about his health and other insurance coverage;
- [3.] provide any additional reasonable information about his insurability that we request; and
- [4.] undergo a physical examination and testing at our request].]

He, him or his means an individual, male or female.

Hospital means an institution that meets all of the following:

1. it is licensed pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
2. it is managed under the supervision of a staff of legally licensed physicians;
3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
5. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent or custodial care; or
2. the aged.

Hospital Intensive Care Unit means a place which:

1. is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
3. is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
4. is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a twenty four hour basis; and
5. has a Doctor assigned to the intensive care unit on a full-time basis.

A Hospital Intensive Care unit is not any of the following step down units:

1. a progressive care unit;
2. a sub-acute intensive care unit;
3. an intermediate care unit;
4. a private monitored room;
5. a surgical recovery room;
6. an observation unit; or
7. any facility not meeting the definition of a hospital intensive care unit as defined in this Certificate.

Hospital Stay means a confinement in a Hospital, ordered by a Physician or Doctor for at least 24 consecutive hours when room and board and general nursing care are provided at a per diem charge made by the Hospital. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless [(a)] separated by at least [30] [60] [90] days [or (b) a Covered [Employee] returns to Active Service for [15] [30] [45] or more days] between Hospital Stays.

Injury means bodily injury solely due to a Covered Accident. It includes all complications of and all injuries received from the same accident.

In-Patient means a Covered Person who is confined [overnight] [,] [for at least] [one full day] [or] [twenty-four (24)] continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case the term "In-patient" shall mean a Covered Person is required to be confined for a period determined by applicable law governing such facility.

Open Enrollment Period means a period of time agreed upon by the [Policyholder] and the Company, during which an [Employee] may apply for insurance.

Out-Patient means a Covered Person who receives covered treatment, services and supplies while not an Inpatient in a Hospital.

Physician or Doctor means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the [Policyholder];
2. living in the Covered Person's household; or
3. a parent, sibling, spouse[,] [domestic partner] or child of the Covered Person.

[Plan] Year or annual or annually means a period of twelve consecutive months beginning on the Certificate Effective Date and subsequent anniversary dates.

Policyholder means the entity shown on the cover page of this Certificate.

[Participating Organization] means the entity shown on the cover page of this Certificate.]

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Certificate Effective Date

We agree to provide Hospital Indemnity Insurance Benefits described in this Certificate in consideration of the [Policyholder]'s payment of the premium when due. Insurance coverage begins on the Certificate Effective Date shown on this Certificate's first page as long as the Minimum Participation requirement shown in the *Schedule of Benefits* has been satisfied.

[Effective Date for Newly-Acquired Affiliates]

Insurance becomes effective for any newly-acquired affiliate of the [Policyholder] on first of the month following the date it is acquired if we have been notified in writing within the time period specified in the *Schedule of Affiliates*, have agreed to provide insurance, and have received any additional premium due. If we are not so notified, insurance for the Affiliate will become effective on the first of the month following the date we agree in writing to insure it and receive any additional premium due. Individuals who are [Employee]'s of an Affiliate on its effective date of insurance under this Certificate will be eligible for insurance on that date.]

Eligibility

An [Employee][,][Dependent] [or][Domestic Partner] is eligible provided:

1. they meet the applicable definition shown in *Definitions*; and
2. they have completed the Eligibility Waiting Period, if any; and
3. in the case of an [Employee][,][Dependent spouse] [or] [Domestic Partner] they are under age 70 [on the Effective Date of the Certificate] [date they complete the Eligibility Waiting Period]; and]
- [4.] they meet the definition of Active Service in *Definitions*.

No person is eligible for insurance under this Certificate as both an [Employee][,] [Dependent] [or Domestic Partner] at the same time.

Effective Date

The Effective Date of the Certificate is shown on the applicable cover page.

An eligible [Employee]'s insurance becomes effective on the [day] [first of the month] following the date he[:]

[1.] submits a complete enrollment form, if any [and we approve that form]; and]

[2.] has paid the required first contribution, if any].

An eligible Dependent's [or Domestic Partner]'s insurance becomes effective on the [day] [first of the month] following the date the [Employee] first becomes insured[, or the [day] [first of the month] following the date the person becomes eligible, if later][, provided[:]

[1.] [a completed enrollment form, if any, is submitted for the Dependent [and we approve that form][:]
[and]

[2.] the [Employee] has paid the required first contribution, if any, for the Dependent's coverage.

If either the [spouse] [or Domestic Partner] is eligible as an [Employee] the dependent children may be covered under only one [Employee].

If both of the [spouses] [or Domestic Partners] are eligible as an [Employee] and have no dependent children;

1. both will be insured as Covered Persons when a Covered Person is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered Persons or one may elect to insure the other as a Dependent when a Covered Person is required to contribute to the cost of his insurance.

If both of the [spouses] [or Domestic Partners] are eligible as an [Employee] and have dependent children;

1. both will be insured as Covered Persons and dependent coverage will be provided via only the parent whose birthday occurs first during a Plan] Year, when an [Employee] is not required to contribute to the cost of his Dependents' insurance; and
2. both may be insured as an [Employee] but only one may elect dependent coverage to insure dependent children, when an [Employee] is required to contribute to the cost of his dependents' insurance.

A [spouse] [or Domestic Partner] that does not meet the definition of [Employee], or a dependent child may be insured as a Dependent provided one [spouse] [or Domestic Partner] meets the definition of [Employee] shown in *Definitions*.

[Newborn children of an [Employee] or spouse are automatically covered from birth provided we receive notification within 31 days after the birth of the newborn. [Foster children [and other children living with the [Employee] or spouse in a parent child relationship] are eligible for coverage on the same basis upon placement in the home.]

[A child adopted by, or placed for adoption with, or who are a party in a suit for adoption by an [Employee] or spouse is covered automatically from birth provided we receive notification within 31 days after the birth of the newborn.]

[A minor under the charge, care, and control of the insured whom the insured has filed a petition to adopt shall be provided coverage the same as provided for other members of the insured's family. Coverage shall begin on the date of the filing of a petition for adoption if the insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the minor]

Deferred Effective Date

The effective date of insurance will be deferred for any [Employee] who is not in Active Service on the [day] [first of the month] following the date he would otherwise have become eligible.

Coverage will become effective on the later of the [day] [first of the month] following the date he returns to Active Service and the [day] [first of the month] following the date coverage would otherwise have become effective.

Late Enrollee

A person will be considered a late enrollee if he does not apply for insurance within 31 days of the [day] [first of the month] following the date he is first eligible.

[Coverage for any late enrollee will become effective on the [day] [first of the month] following the date he [enrolls] [completes a [30] [60] [90] [120] [180] day late enrollee waiting period] [and submits the required premium].]

[If a person does not apply for insurance within 31 days of the date he is first eligible, he must provide satisfactory Evidence of Insurability to become insured. Coverage for any late enrollee will become effective on the [first] day [of the month coinciding with or next] following the date we approve such person's Evidence of Insurability.]

[If a person does not apply for insurance within 31 days of the date he is first eligible, he must wait until the [Policyholder]'s next Open Enrollment Period. Coverage for any late enrollee will become effective on the date specified by the [Policyholder].]

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Certificate or a change in the [Employee]'s Covered Class will take effect on the [day] [first of the month] following the date of such change. Increases will take effect subject to any Active Service and Evidence of Insurability requirement.

Termination of Insurance

Please read the *Continuation of Coverage* section of this Certificate for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Certificate or insurance for a Covered Class is terminated;
2. the [day] [next premium due date after first of the month] following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
- [3.] [the [day] [next premium due date after first of the month] following the date the Covered Person attains age 70;]
- [4.] the last day of the last period for which premium is paid;
- [5.] the end of any period of continuation, as provided in the *Continuation of Coverage*; and
- [6.] with respect to an Eligible Dependent, the [day] [first of the month] following the date of the death of the Covered [Employee] or the [day] [first of the month] following the date of divorce from the Covered [Employee], or termination of a Domestic Partnership Arrangement].

Termination will not affect a claim for a Covered Accident, Covered Sickness or Health Screening incurred while coverage was in effect.

Continuation of Coverage

If a Covered Person's insurance terminates for any reason other than non-payment of any required premium when due or termination of this Certificate, such person may elect to continue coverage under this Certificate provided he has not attained age 70. To elect continued coverage, the Covered Person must[:

[1.] [have been continuously insured for at least [6] [12] [24] months under this Certificate and/or any plan it replaced just before the date their insurance terminates; and]

[2.] make the election within 31 days of termination and pay all required premiums for the continued coverage.

Continued coverage is subject to all of the provisions and limitations of this Certificate. The premium rate charged for the continued coverage will be 105% of the rate charged to the [Policyholder] for the coverage under this Certificate based on the Covered Person's age at the time he elects to continue coverage.

Premiums for continued coverage will be collected from the terminated individual on a quarterly, semi-annual or annual basis, as elected by the Covered Person.

Coverage continued under this provision will end when [the Certificate terminates][,] [the date such person attains age 70] or the last period for which premium is paid[, whichever occurs first].

BENEFITS

The benefit amounts payable are shown in the *Schedule of Benefits*. [If the *Schedule of Benefits* shows a Reduction Schedule any benefit payable after the attained age will be reduced by the rate shown in Reduction Schedule.] No benefits are payable for any Covered Person until the Eligibility Waiting Period has been completed.

Hospital Confinement – We will pay this benefit in the amount shown in the *Schedule of Benefits* when a Covered Person is confined to a Hospital as an In-Patient as the result of injuries received in a Covered Accident or because of a Covered Sickness. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined to a Hospital as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

[The length of time shown for Hospital Confinement in the *Schedule of Benefits* is the maximum period for which a Covered Person can collect benefits for a Hospital Stay resulting from the same Covered Sickness or injuries received from the same Covered Accident; we will pay benefits on a daily basis.]

This benefit is payable for only one Hospital Stay at a time even if caused by more than one Covered Accident, more than one Covered Sickness or a Covered Accident and a Covered Sickness.

[Hospital Admission – We will pay this benefit when a Covered Person is admitted to a Hospital and confined as an In-Patient because of injuries received in a Covered Accident or because of a Covered Sickness. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

We will pay the Hospital Admission benefit amount shown in the *Schedule of Benefits* when a Covered Person is admitted to a Hospital as an In-Patient. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or Out-Patient treatment.

We will pay this benefit once per Hospital Stay. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the Hospital as an In-Patient because of the same or related injury or sickness, we will not pay this benefit again.]

[Hospital Intensive Care – If a Covered Person is confined in a Hospital Intensive Care Unit as an In-Patient due to an injury received in a Covered Accident or because of a Covered Sickness, we will pay the daily benefit amount shown in the *Schedule of Benefits*. [In order to receive this benefit for injuries received in a Covered Accident, the Covered Person must be confined to a Hospital as an In-Patient within [90] [180] [365] days of the date of the Covered Accident.]

We will pay this amount for each day of such confinement, but not to exceed the maximum benefit period shown in the *Schedule of Benefits* during any one Hospital Stay.

We will pay benefits for only one confinement in a Hospital Intensive Care Unit as an In-Patient at a time, even if it is caused by more than one Covered Accident, more than one Covered Sickness or a Covered Accident and a Covered Sickness.

If we pay benefits for confinement in a Hospital Intensive Care Unit as an In-Patient and the Covered Person becomes confined to a Hospital Intensive Care Unit again within [90] [180] [365] days because of the same or related condition, we will treat this confinement as the same Hospital Stay.]

[Surgical Benefit – If surgery due to an injury received in a Covered Accident or because of a Covered Sickness is performed by a Physician or Doctor, we will pay the amount for the procedure listed in the *Schedule of Surgical Procedures* up to the maximum shown in the *Schedule of Benefits* for any one surgical procedure. The surgery can be performed in a Hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a Physician's or Doctor's office.

If an operation is not listed in the *Schedule of Surgical Procedures*, we will pay an amount comparable to that which would be payable for the operation listed in the *Schedule of Surgical Procedures* which is most nearly similar in severity and complexity.

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided.]

[Anesthesia Benefits – When a surgical procedure is performed that is covered under the Surgical Benefit, we will pay the amount shown in the *Schedule of Benefits* for anesthesia administered by a Physician or Doctor in connection with such procedure.]

[Hospital Emergency Room Benefit – If a Covered Person is injured in a Covered Accident or has a Covered Sickness, and receives treatment in a Hospital emergency room we will pay the benefit shown in the *Schedule of Benefits*. [This benefit will not be paid for a Covered Sickness unless the Covered Person is admitted to the Hospital within [48] [72] hours of the time treatment is first requested in the Hospital emergency room.]]

[Health Screening Benefit – We will pay the amount shown in the *Schedule of Benefits* for the Health Screening Tests. This Benefit is payable [once] per [Plan] Year].

As used above "Health Screening Test" means:

1. Stress test on a bicycle or treadmill, or using Thallium or similar pharmaceutical agent;
2. Fasting blood glucose test;
3. Blood test for triglycerides;
4. Serum cholesterol test to determine level of HDL and LDL;
5. Bone marrow testing;

6. Breast ultrasound;
7. CA 15-3 (blood test for breast cancer);
8. CA 125 (blood test for ovarian cancer);
9. CEA (blood test for colon cancer);
10. Chest X-ray;
11. Colonoscopy;
12. Flexible sigmoidoscopy;
13. Hemocult stool analysis;
14. Mammography;
15. Pap test;
16. PSA (blood test for prostate cancer);
17. Serum Protein Electrophoresis (blood test for myeloma);
18. Thermography; and
19. Skin review by a dermatologist.

We will pay this benefit regardless of a supporting Diagnosis or the results of the test.]

LIMITATIONS AND EXCLUSIONS

Limitations

1. Eligibility Waiting Period – No benefits are payable for any [Employee's], [or] [Dependent] [or] [Domestic Partner] until the Eligibility Waiting Period shown in the *Schedule of Benefits* has been completed. If first diagnosed during the Eligibility Waiting Period, the Pre-Existing Condition Limitation will apply to any loss from that diagnosis. [At the [Policyholder]'s option, you may elect to void any coverage applied for and receive a full refund of premium. Any such request must be in writing and made prior to the end of the Eligibility Waiting Period.]
2. Pre-Existing Conditions – We will not pay benefits for any condition or illness starting within [3] [6] [12] months of the [Effective Date of the Certificate] [effective date of an [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance] which is caused by, contributed to, or resulting from a Pre-Existing Condition. A claim for benefits for loss starting after 12 months from the Effective Date of the Certificate [effective date of an [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance] will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

A condition will no longer be considered Pre-Existing at the end of 12 consecutive months starting and ending after the Effective Date of the Certificate [effective date of an [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance].

"Pre-Existing Condition" means a sickness or physical condition which, within the [3] [6] [12] month period prior to the Effective Date of the Certificate [effective date of an [Employee's], [or] [Dependent's] [or] [Domestic Partner's] insurance] resulted in an insured receiving medical advice or treatment.

"Treatment" means consultation, care or services provided by a Physician including diagnostic measures and taking prescribed drugs and medicines.

- [3. Reduction Schedule – The Benefit Amount [and Guarantee Issue Benefit Amount] payable for a Specified Critical Illness will be reduced by 50% if an Covered Person is age 70 or older on the date the benefit becomes payable. "Age" means the age of the Covered Person on such person's most recent birthday, regardless of the actual time of birth.]

Exclusions

We will not pay benefits for loss contributed to, caused by, or resulting from the following unless specifically provided elsewhere in this Certificate:

1. Treatment that is solely for the purpose of rest care or custodial care and any associated transportation;
2. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof. This exclusion does not apply to:
 - a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of an Injury;
 - b. reconstruction incidental to or following surgery resulting from a covered Injury or Illness or from trauma, infection or other diseases of the involved part;
 - c. correction of a congenital defect or anomaly that results in a functional defect of a covered dependent child;
 - d. with respect to a mastectomy:
 - i. all stages of reconstruction of the breast on which the mastectomy has been performed;
 - ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;
3. Examinations needed for employment, obtaining insurance or travel;
4. Voluntary abortion, unless:
 - a. the life of the mother would be endangered if the fetus were carried to term; or
 - b. medical complications have arisen from an abortion;
5. Sex change procedures;
6. Experimental services or treatments;
7. Reversal of sterilizations;
8. Diagnosis and treatment of infertility;
9. Treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;
10. Routine eye examinations or fitting of glasses or contact lenses;
11. Hearing examinations or fitting of hearing aids;
12. Dental examinations or dental care other than expenses resulting from a Covered Accident;
13. Smoking cessation;
14. Loss due to suicide or any attempt or threat to commit suicide, while sane or insane, or any

intentionally self-inflicted injury or sickness[, unless as a result of a medical condition or an act of domestic violence];

15. Loss due to participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
16. Loss due to committing, attempting to commit, or taking part in a felony or assault;
17. Loss due to an Injury while participating in a contest of speed in power driven vehicles or a self propelled conveyance, parachuting, parasailing, bungee jumping, mountain climbing, spelunking, or hang gliding, operating an all terrain vehicle (ATV or dirt bike), SCUBA diving, white water rafting or mountain biking;
18. Air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
 - a. on a charter flight operated by a scheduled airline; or
 - b. as a passenger for transportation only and not as a pilot or crew member;
19. Loss due to the Covered Person being legally intoxicated as determined according to the laws of the United States of America;
20. Any treatment for an accident or sickness resulting from the use of a controlled substance by a Covered Person that is not provided by or at the direction of a Physician or Doctor;
21. Loss due to an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes an accidental injury or sickness contracted while in the service of any military, naval or air force of any country engaged in war (the Company will refund the pro rata unearned premium for any such period the Covered Person is not covered);
22. Loss due to an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Workers' Compensation, Occupational Disease or similar law, whether or not application for such benefits has been made;
23. Any treatment received or expenses incurred during a period of time that insurance for a Covered Person is not in force;
24. Any treatment received or expenses incurred after this Policy has terminated;
25. Any service, supply or treatment that is not provided by or at the direction of a Physician or Doctor, or is inconsistent with standards of medical practice for the applicable condition;
26. Treatment of any accident or sickness outside the United States or Canada;
27. Transportation;
28. Benefits for services or treatment rendered by any person who is:
 - a. employed or retained by the [Policyholder];
 - b. living in the Covered Person's household;
 - c. a parent, sibling, spouse[,], [domestic partner] or child of a Covered [Employee] or of His spouse; or
 - d. a Covered Person treating himself;
29. The treatment of:

- a. mental illness;
- b. functional or organic nervous disorder, regardless of cause;
- c. alcohol abuse; or
- d. drug use, unless such drugs were taken on the advice of a Physician or Doctor and taken as prescribed;

30. Participating in any organized sport; professional or semi-professional;] [or]

31. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.]

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim must be given to us within 31 days after a Covered Accident or Covered Sickness is incurred or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized agent. Notice should include the [Policyholder]'s name and the Covered Person's name, address, [Policy] [Certificate] Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to us must be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized agent within 90 days of the loss for which claim is made.

If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable.

If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

[Notice of Decision

We will send you written notice of our claim decision within 30 days after we receive due proof of your loss. If there are special circumstances that require more time (such as the need to hold a hearing), we will send you a written notice within this timeframe that an additional 30 days is needed. If more time is still needed to make a claim determination, we will send you written notice during this initial 30 day extension stating the special circumstances that require an additional 30 days. You will have 45 days to provide any additional information requested.

If your claim is urgent, we will notify you of our decision within 72 hours. If we need more information, we will let you know within 24 hours of your claim. At that time we will tell you what additional information is needed to process your claim. You will have 48 hours to provide any additional information requested.

We will notify you of our decision within 48 hours after we receive the requested information. Our response to an urgent care claim may be oral; if it is, we will confirm our decision in writing.

We will treat your claim as urgent if a delay in processing your claim could seriously jeopardize your life, health, or ability to regain maximum function, or if in the opinion of the treating physician, a delay would subject you to severe pain that cannot be managed without the care or treatment that is the subject of your claim.

If the claim is wholly or partly denied, our notice will include:

1. Reasons for such denial;
2. Reference to specific certificate provisions, rules or guidelines on which the denial was based;
3. A description of the additional information needed to support your claim;
4. Information concerning your right to request that we review our decision; and
5. A description of our review procedures, time limits and notice of your right to bring civil action.

Review Of Denied Claims – For non-urgent claims this request must be in writing and must be received by us no more than 180 days after you receive notice of our claim decision. A request for a review of an urgent claim may be made over the phone. As part of this review, you may:

1. Send us written comments;
2. Review any non-privileged information relating to your claim; or
3. Provide us with other information or proof in support of your claim.

We will review your claim promptly after receiving your request. We will advise you of the results of our review within 60 days after we receive your request, or within 120 days if there are special circumstances that require more time (such as the need to hold a hearing). Our decision will be in writing and will include reference to specific certificate provisions, rules or guidelines on which the decision was based, and notice of your right to bring a civil action.

If your appeal arises from our denial of an urgent claim, we will consider your appeal and notify you of our decision within 72 hours.]

Time of Payment of Claims

We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Certificate, unless otherwise stated, will be payable to the Covered Person or to his estate.

If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage that we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.

Claimant Cooperation Provision

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), the plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Certificate and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact.

All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this Certificate.

We may contract with another entity to perform this function on our behalf.

Payment of Claims to Foreign [Employees]

The [Policyholder] may, in a fiduciary capacity, receive and hold any benefits payable to Covered [Employee]s whose place of employment is other than:

1. the United States and its possessions; or
2. the Dominion of Canada.

We will not be responsible for the application or disposition by the [Policyholder] of any such benefits paid. Our payments to the [Policyholder] will constitute a full discharge of our liability for those payments under this Certificate.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under the Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by this Certificate. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Certificate.

If there is an overpayment due when the Covered Person dies, we may recover the overpayment from the Covered Person's estate.

[Additional Coverage with the Company]

We will only pay benefits for a Covered Accident or Covered Sickness under one Group Hospital Indemnity Policy or Certificate if a Covered Person is covered by more than one of our Group Hospital Indemnity Policies or Certificates. A Covered Person may choose which Certificate they wish to keep in force by sending us written notice of their choice.

We will return the premiums paid for any of our other Group Hospital Indemnity Policies or Certificates during the period there was more than one such Policy or Certificate in force.]

Unpaid Premium – When a claim is paid, any premium due and unpaid by the [Policyholder] may be deducted from the claim payment.

ADMINISTRATIVE PROVISIONS

Cancellation

We or the [Policyholder] may cancel the coverage provided by this Certificate, after the first year as of any Premium Due Date, by giving the other party [31] [45] [60] [90] [120] [180] days advance written notice.

If a premium is not paid by the [Policyholder] when due, we will cancel this Certificate at the end of the last period for which premium was paid, subject to the Grace Period provision. The [Policyholder] has the sole responsibility to notify Covered Person's of such termination.

Grace Period

The [Policyholder] will be granted a Grace Period of [30] [31] [60] [90] days for payment of required premiums due after the first premium, unless:

1. we do not intend to renew the coverage provided by this Certificate beyond the period for which premium has been accepted; and
2. written notice of our intention not to renew is delivered to the [Policyholder] at least [30] [45] [60] [90] [120] [180] days before the premium is due.

This Certificate will be in force during the Grace Period. If the required premiums are not paid by the [Policyholder] during the Grace Period, insurance will end on the last day of the Grace Period. The [Policyholder] is liable to us for any unpaid premium for the time this Certificate was in force.

If a Covered Person's insurance under this Certificate is being continued under Continuation of Coverage, such person will be granted an individual Grace Period of 31 days for payment of required premiums due.

If the required premiums are not paid by the Covered Person during the individual Grace Period, such person's insurance will end on the last day of the individual Grace Period. A Covered Person's insurance under this Certificate will remain in force during the individual Grace Period. The Covered Person is liable to us for any unpaid premium for the time their coverage under this Certificate is being continued under Continuation of Coverage. .

We will reduce any benefits payable for any claims incurred during the Grace Period by the amount of premium due. If no such claims are incurred and premium is not paid during the Grace Period, insurance will end on the last day of the period for which premiums were paid.

Premiums

All premium rates are expressed in, and all premiums are payable in, United States currency. The premiums for this Certificate will be based on the rates, agreed to by the [Policyholder] or subsequently changed, the plan and amounts of insurance in effect for Covered Persons and the premium mode selected by the [Policyholder]. We will provide notifications of premiums due or premium changes, by mail to the most current address in our files, to the [Policyholder].

Premium Payment

The total premium for the insurance provided by this Certificate is the sum of premiums paid:

1. by the [Policyholder] for all Covered Persons other than those described in (2) below, including any amounts contributed toward the cost of this coverage by Covered Persons; and
2. by Covered Persons who remain eligible for coverage under the *Continuation of Coverage* provision of this Certificate.

If any premium is not paid when due, this Certificate will be cancelled as of the Premium Due Date of the unpaid premiums, except as provided in the Grace Period provision.

Changes in Premium Rates

We may change the premium rates from time to time with at least 60 days advance written notice to the [Policyholder]. No change in rates will be made until 12 months after the initial effective date of the coverage provided by this Certificate. An increase in rates will not be made more often than once in a 12-month period.

However, we reserve the right to change rates at any time if any of the following events take place:

1. the terms of this Certificate change;
2. the number of [Employee]s eligible for coverage increases or decreases by more than 10% since the latter of the initial effective date and the date of the last renewal of the coverage provided by this Certificate;
3. coverage is reinstated following failure to pay premium during the Grace Period;
4. acquisition, merger, consolidation, divestiture, corporate reorganization or purchase or sale of assets affecting, increasing or decreasing by 10% or more the number of eligible individuals;
5. a change in the number of eligible individuals which would, on a manual rate basis, require a change of 10% or more in the premium rate;
6. a change in any federal or state law or regulation is enacted, adopted or amended to the extent that it affects our benefit obligations under this Certificate; or
7. the [Policyholder] fails to provide sufficient information, as required by us, to confirm adequacy of premiums and rates currently being paid.

Any increase or decrease in rate will take effect on the date of the applicable change specified above. A pro-rata adjustment will apply from the date of the change to the end of any period for which premium has been paid.

Premium Audit

We will have the right to audit books and records of the [Policyholder] at its place of business and during regularly-scheduled business hours, in order to determine the accuracy of premium paid.

GENERAL PROVISIONS

Entire Contract; Changes

The Policy [and this Certificate], including [application (if any)][,] [individual enrollment forms (if any)][,] endorsements, amendments and any attached papers constitutes the entire contract of insurance. No change in the Policy [or this Certificate] will be valid until approved by one of our executive officers and endorsed on or attached to the Policy or this Certificate. No agent has authority to change the Policy [or this Certificate], or to waive any of the Policy's [or Certificate's] provisions.

Misstatement of Age

If an age has been misstated on the enrollment form the Benefits will be those the premium paid would have purchased at the correct age.

Certificates

Where required by law, we will provide a Certificate of Insurance for delivery to the Covered Person. Each Certificate will list the benefits, conditions and limits of the Policy. It will state to whom benefits will be paid.

Assignment

The rights and benefits under this Certificate may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the [Policyholder] for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the [Policyholder]).

Incontestability

1. [Policyholder]

All statements made by the [Policyholder] to obtain the coverage provided by this Certificate are considered representations and not warranties.

No statement will be used to deny or reduce benefits or be used as a defense to a claim, or to deny the validity of the coverage provided by this Certificate unless a copy of the instrument containing the statement is, or has been, furnished to the [Policyholder]. After two years from the initial effective date of the coverage provided by this Certificate, no such statement will cause the coverage provided by this Certificate to be contested except for fraud.

2. Covered Person

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Reporting Requirements

The [Policyholder] or its authorized agent must report all of the following to us by the premium due date:

1. the number of persons insured on the Certificate Effective Date;
2. the number of persons who are insured after the Certificate Effective Date;
3. the number of persons whose insurance has terminated;
4. any additional information required by us.

Clerical Error

A Covered Person's insurance will not be affected by error or delay in keeping records of insurance under this Certificate. If such error or delay is found, we will adjust the premium fairly.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Certificate are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Certificate is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

SCHEDULE OF SURGICAL PROCEDURES

[\$500 Option]

[CPT-4 Codes]	Procedure	Amount
10060	I&D of Abscess, Simple	\$14
10061	I&D of Abscess, Complex	\$32
19000	Puncture Aspiration of cyst of Breast	\$16
19120	Removal of Breast Lesion	\$92
19180	Mastectomy, Simple	\$154
19240	Removal of Breast	\$230
20550	In Tendon/Ligament/cyst	\$12
20600	Drain/Inject Joint/Bursa	\$12
20605	Drain/Inject Joint/Bursa	\$12
22554	Neck Spine Fusion	\$500
23500	Closed tx, clavicle fracture	\$38
25560	Closed tx, radius fracture	\$72
27230	Closed tx, femur fracture.	\$110
27816	Closed tx, ankle fracture	\$78
28415	Closed tx, humerus fracture	\$244
29580	Application of Paste Boot	\$10
35301	Rechanneling of Artery	\$366

36415	Drawing blood	\$2
36489	Insertion of Catheter, Vein	\$32
36533	Insertion of Access Port	\$118
38562	Removal, Pelvic Lymph Nodes	\$244
38770	Remove Pelvis Lymph Nodes	\$296
38780	Remove Abdomen Lymph Nodes	\$488
44005	Freeing of Bowel Adhesion	\$198
44140	Partial Removal of Colon	\$284
44950	Appendectomy	\$144
44970	Laparoscopy surgical appendectomy	\$144
45378	Diagnostic Colonoscopy	\$84
45560	Repair of Rectocele	\$94
46255	Hemorrhoidectomy, internal and external	\$112
47600	Cholecystectomy	\$260
49000	Exploration of Abdomen	\$174
49320	Laparoscopy, diagnostic	\$124
49505	Repair Inguinal Hernia	\$142
49560	Repair Abdominal Hernia	\$172
50590	Lithotripsy, extracorporeal shock wave	\$332
51840	Bladder repair/vesical neck	\$240
52612	TURP	\$220
55810	Prostatectomy, perineal radical	\$412
57240	Repair Bladder & Vagina	\$136
57280	Suspension of Vagina	\$212
57282	Repair of Vaginal Prolapse	\$212
58150	Total Hysterectomy	\$250
58260	Vaginal Hysterectomy	\$242
58400	Suspension of Uterus	\$164
58600	Division of fallopian tube	\$116
58700	Removal of fallopian tube	\$152
58720	Removal of ovary/tube(s)	\$178
58740	Revise Fallopian Tube(s)	\$186
58750	Repair Oviduct	\$304
58770	Create New Tubal Opening	\$266
58925	Removal of ovarian cyst(s)	\$136
58940	Removal of ovary(s)	\$136
59121	Surgical treat of ectopic preg w/o salpingectomy	\$190
59150	Treat Ectopic Pregnancy	\$190
59400	Obstetrical Care	\$248

59409	Obstetrical Care	\$130
59410	Obstetrical Care	\$144
59510	Cesarean delivery	\$306
59851	Abortion	\$144
61154	Pierce Skull, Remove Clot	\$394
61312	Open Skull for Drainage	\$500
62284	Injection for Myelogram	\$64
63030	Low Back Disk Surgery	\$448
63035	Added Spinal Disk Surgery	\$146
63047	Removal of Spinal Lamina	\$500
63048	Removal of Spinal Lamina	\$176
63075	Neck Spine Disk Surgery	\$462
64721	Carpal Tunnel Surgery	\$144
65855	Laser Surgery of Eye	\$138
66170	Glaucoma Surgery	\$186
66761	Revision of Iris	\$110
66984	Remove Cataract, Insert Lens	\$266
67210	Treatment of Retinal Lesion	\$142
67820	Revise Eyelashes	\$14
67840	Remove Eyelid Lesion	\$36
68761	Close Tear Duct Opening	\$22[

[\$1000 Option]

**[CPT-4
Codes**

	Procedure	Amount
10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32
19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308
19240	Removal of Breast	\$460
20550	In Tendon/Ligament/cyst	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488

29580	Application of Paste Boot	\$20
35301	Rechannelling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168
45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344
50590	Lithotripsy, extracorporeal shock wave	\$664
51840	Bladder repair/vesical neck	\$480
52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272
57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424
58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical treat of ectopic preg w/o salpingectomy	\$380

59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care	\$260
59410	Obstetrical Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292
63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220
66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72
68761	Close Tear Duct Opening	\$44]

[\$1500 Option]

[CPT-4

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$42
10061	I&D of Abscess, Complex	\$96
19000	Puncture Aspiration of cyst of Breast	\$48
19120	Removal of Breast Lesion	\$276
19180	Mastectomy, Simple	\$462
19240	Removal of Breast	\$690
20550	In Tendon/Ligament/cyst	\$36
20600	Drain/Inject Joint/Bursa	\$36
20605	Drain/Inject Joint/Bursa	\$36
22554	Neck Spine Fusion	\$1,500
23500	Closed tx, clavicle fracture	\$114
25560	Closed tx, radius fracture	\$216
27230	Closed tx, femur fracture.	\$330

27816	Closed tx, ankle fracture	\$234
28415	Closed tx, humerus fracture	\$732
29580	Application of Paste Boot	\$30
35301	Rechannelling of Artery	\$1,098
36415	Drawing blood	\$6
36489	Insertion of Catheter, Vein	\$96
36533	Insertion of Access Port	\$354
38562	Removal, Pelvic Lymph Nodes	\$732
38770	Remove Pelvis Lymph Nodes	\$888
38780	Remove Abdomen Lymph Nodes	\$1,464
44005	Freeing of Bowel Adhesion	\$594
44140	Partial Removal of Colon	\$852
44950	Appendectomy	\$432
44970	Laparoscopy surgical appendectomy	\$432
45378	Diagnostic Colonoscopy	\$252
45560	Repair of Rectocele	\$282
46255	Hemorrhoidectomy, internal and external	\$336
47600	Cholecystectomy	\$780
49000	Exploration of Abdomen	\$522
49320	Laparoscopy, diagnostic	\$372
49505	Repair Inguinal Hernia	\$426
49560	Repair Abdominal Hernia	\$516
50590	Lithotripsy, extracorporeal shock wave	\$996
51840	Bladder repair/vesical neck	\$720
52612	TURP	\$660
55810	Prostatectomy, perineal radical	\$1,236
57240	Repair Bladder & Vagina	\$408
57280	Suspension of Vagina	\$636
57282	Repair of Vaginal Prolapse	\$636
58150	Total Hysterectomy	\$750
58260	Vaginal Hysterectomy	\$726
58400	Suspension of Uterus	\$492
58600	Division of fallopian tube	\$348
58700	Removal of fallopian tube	\$456
58720	Removal of ovary/tube(s)	\$534
58740	Revise Fallopian Tube(s)	\$558
58750	Repair Oviduct	\$912
58770	Create New Tubal Opening	\$798
58925	Removal of ovarian cyst(s)	\$408

58940	Removal of ovary(s)	\$408
59121	Surgical treat of ectopic preg w/o salpingectomy	\$570
59150	Treat Ectopic Pregnancy	\$570
59400	Obstetrical Care	\$744
59409	Obstetrical Care	\$390
59410	Obstetrical Care	\$432
59510	Cesarean delivery	\$918
59851	Abortion	\$432
61154	Pierce Skull, Remove Clot	\$1,182
61312	Open Skull for Drainage	\$1,500
62284	Injection for Myelogram	\$192
63030	Low Back Disk Surgery	\$1,344
63035	Added Spinal Disk Surgery	\$438
63047	Removal of Spinal Lamina	\$1,500
63048	Removal of Spinal Lamina	\$528
63075	Neck Spine Disk Surgery	\$1,386
64721	Carpal Tunnel Surgery	\$432
65855	Laser Surgery of Eye	\$414
66170	Glaucoma Surgery	\$558
66761	Revision of Iris	\$330
66984	Remove Cataract, Insert Lens	\$798
67210	Treatment of Retinal Lesion	\$426
67820	Revise Eyelashes	\$42
67840	Remove Eyelid Lesion	\$108
68761	Close Tear Duct Opening	\$66]

[\$2000 Option]

[CPT-4

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$56
10061	I&D of Abscess, Complex	\$128
19000	Puncture Aspiration of cyst of Breast	\$64
19120	Removal of Breast Lesion	\$368
19180	Mastectomy, Simple	\$616
19240	Removal of Breast	\$920
20550	In Tendon/Ligament/cyst	\$48
20600	Drain/Inject Joint/Bursa	\$48
20605	Drain/Inject Joint/Bursa	\$48
22554	Neck Spine Fusion	\$2,000
23500	Closed tx, clavicle fracture	\$152

25560	Closed tx, radius fracture	\$288
27230	Closed tx, femur fracture.	\$440
27816	Closed tx, ankle fracture	\$312
28415	Closed tx, humerus fracture	\$976
29580	Application of Paste Boot	\$40
35301	Rechannelling of Artery	\$1,464
36415	Drawing blood	\$8
36489	Insertion of Catheter, Vein	\$128
36533	Insertion of Access Port	\$472
38562	Removal, Pelvic Lymph Nodes	\$976
38770	Remove Pelvis Lymph Nodes	\$1,184
38780	Remove Abdomen Lymph Nodes	\$1,952
44005	Freeing of Bowel Adhesion	\$792
44140	Partial Removal of Colon	\$1,136
44950	Appendectomy	\$576
44970	Laparoscopy surgical appendectomy	\$576
45378	Diagnostic Colonoscopy	\$336
45560	Repair of Rectocele	\$376
46255	Hemorrhoidectomy, internal and external	\$448
47600	Cholecystectomy	\$1,040
49000	Exploration of Abdomen	\$696
49320	Laparoscopy, diagnostic	\$496
49505	Repair Inguinal Hernia	\$568
49560	Repair Abdominal Hernia	\$688
50590	Lithotripsy, extracorporeal shock wave	\$1,328
51840	Bladder repair/vesical neck	\$960
52612	TURP	\$880
55810	Prostatectomy, perineal radical	\$1,648
57240	Repair Bladder & Vagina	\$544
57280	Suspension of Vagina	\$848
57282	Repair of Vaginal Prolapse	\$848
58150	Total Hysterectomy	\$1,000
58260	Vaginal Hysterectomy	\$968
58400	Suspension of Uterus	\$656
58600	Division of fallopian tube	\$464
58700	Removal of fallopian tube	\$608
58720	Removal of ovary/tube(s)	\$712
58740	Revise Fallopian Tube(s)	\$744
58750	Repair Oviduct	\$1,216

58770	Create New Tubal Opening	\$1,064
58925	Removal of ovarian cyst(s)	\$544
58940	Removal of ovary(s)	\$544
59121	Surgical treat of ectopic preg w/o salpingectomy	\$760
59150	Treat Ectopic Pregnancy	\$760
59400	Obstetrical Care	\$992
59409	Obstetrical Care	\$520
59410	Obstetrical Care	\$576
59510	Cesarean delivery	\$1,224
59851	Abortion	\$576
61154	Pierce Skull, Remove Clot	\$1,576
61312	Open Skull for Drainage	\$2,000
62284	Injection for Myelogram	\$256
63030	Low Back Disk Surgery	\$1,792
63035	Added Spinal Disk Surgery	\$584
63047	Removal of Spinal Lamina	\$2,000
63048	Removal of Spinal Lamina	\$704
63075	Neck Spine Disk Surgery	\$1,848
64721	Carpal Tunnel Surgery	\$576
65855	Laser Surgery of Eye	\$552
66170	Glaucoma Surgery	\$744
66761	Revision of Iris	\$440
66984	Remove Cataract, Insert Lens	\$1,064
67210	Treatment of Retinal Lesion	\$568
67820	Revise Eyelashes	\$56
67840	Remove Eyelid Lesion	\$144
68761	Close Tear Duct Opening	\$88]

[\$2500 Option]

**[CPT-4
Codes**

Procedure	Amount
10060 I&D of Abscess, Simple	\$70
10061 I&D of Abscess, Complex	\$160
19000 Puncture Aspiration of cyst of Breast	\$80
19120 Removal of Breast Lesion	\$460
19180 Mastectomy, Simple	\$770
19240 Removal of Breast	\$1,150
20550 In Tendon/Ligament/cyst	\$60
20600 Drain/Inject Joint/Bursa	\$60
20605 Drain/Inject Joint/Bursa	\$60

22554	Neck Spine Fusion	\$2,500
23500	Closed tx, clavicle fracture	\$190
25560	Closed tx, radius fracture	\$360
27230	Closed tx, femur fracture.	\$550
27816	Closed tx, ankle fracture	\$390
28415	Closed tx, humerus fracture	\$1,220
29580	Application of Paste Boot	\$50
35301	Rechannelling of Artery	\$1,830
36415	Drawing blood	\$10
36489	Insertion of Catheter, Vein	\$160
36533	Insertion of Access Port	\$590
38562	Removal, Pelvic Lymph Nodes	\$1,220
38770	Remove Pelvis Lymph Nodes	\$1,480
38780	Remove Abdomen Lymph Nodes	\$2,440
44005	Freeing of Bowel Adhesion	\$990
44140	Partial Removal of Colon	\$1,420
44950	Appendectomy	\$720
44970	Laparoscopy surgical appendectomy	\$720
45378	Diagnostic Colonoscopy	\$420
45560	Repair of Rectocele	\$470
46255	Hemorrhoidectomy, internal and external	\$560
47600	Cholecystectomy	\$1,300
49000	Exploration of Abdomen	\$870
49320	Laparoscopy, diagnostic	\$620
49505	Repair Inguinal Hernia	\$710
49560	Repair Abdominal Hernia	\$860
50590	Lithotripsy, extracorporeal shock wave	\$1,660
51840	Bladder repair/vesical neck	\$1,200
52612	TURP	\$1,100
55810	Prostatectomy, perineal radical	\$2,060
57240	Repair Bladder & Vagina	\$680
57280	Suspension of Vagina	\$1,060
57282	Repair of Vaginal Prolapse	\$1,060
58150	Total Hysterectomy	\$1,250
58260	Vaginal Hysterectomy	\$1,210
58400	Suspension of Uterus	\$820
58600	Division of fallopian tube	\$580
58700	Removal of fallopian tube	\$760
58720	Removal of ovary/tube(s)	\$890

58740	Revise Fallopian Tube(s)	\$930
58750	Repair Oviduct	\$1,520
58770	Create New Tubal Opening	\$1,330
58925	Removal of ovarian cyst(s)	\$680
58940	Removal of ovary(s)	\$680
59121	Surgical treat of ectopic preg w/o salpingectomy	\$950
59150	Treat Ectopic Pregnancy	\$950
59400	Obstetrical Care	\$1,240
59409	Obstetrical Care	\$650
59410	Obstetrical Care	\$720
59510	Cesarean delivery	\$1,530
59851	Abortion	\$720
61154	Pierce Skull, Remove Clot	\$1,970
61312	Open Skull for Drainage	\$2,500
62284	Injection for Myelogram	\$320
63030	Low Back Disk Surgery	\$2,240
63035	Added Spinal Disk Surgery	\$730
63047	Removal of Spinal Lamina	\$2,500
63048	Removal of Spinal Lamina	\$880
63075	Neck Spine Disk Surgery	\$2,310
64721	Carpal Tunnel Surgery	\$720
65855	Laser Surgery of Eye	\$690
66170	Glaucoma Surgery	\$930
66761	Revision of Iris	\$550
66984	Remove Cataract, Insert Lens	\$1,330
67210	Treatment of Retinal Lesion	\$710
67820	Revise Eyelashes	\$70
67840	Remove Eyelid Lesion	\$180
68761	Close Tear Duct Opening	\$110]

[\$3000 Option]

**[CPT-4
Codes**

Procedure	Amount
10060 I&D of Abscess, Simple	\$84
10061 I&D of Abscess, Complex	\$192
19000 Puncture Aspiration of cyst of Breast	\$96
19120 Removal of Breast Lesion	\$552
19180 Mastectomy, Simple	\$924
19240 Removal of Breast	\$1,380
20550 In Tendon/Ligament/cyst	\$72

20600	Drain/Inject Joint/Bursa	\$72
20605	Drain/Inject Joint/Bursa	\$72
22554	Neck Spine Fusion	\$3,000
23500	Closed tx, clavicle fracture	\$228
25560	Closed tx, radius fracture	\$432
27230	Closed tx, femur fracture.	\$660
27816	Closed tx, ankle fracture	\$468
28415	Closed tx, humerus fracture	\$1,464
29580	Application of Paste Boot	\$60
35301	Rechannelling of Artery	\$2,196
36415	Drawing blood	\$12
36489	Insertion of Catheter, Vein	\$192
36533	Insertion of Access Port	\$708
38562	Removal, Pelvic Lymph Nodes	\$1,464
38770	Remove Pelvis Lymph Nodes	\$1,776
38780	Remove Abdomen Lymph Nodes	\$2,928
44005	Freeing of Bowel Adhesion	\$1,188
44140	Partial Removal of Colon	\$1,704
44950	Appendectomy	\$864
44970	Laparoscopy surgical appendectomy	\$864
45378	Diagnostic Colonoscopy	\$504
45560	Repair of Rectocele	\$564
46255	Hemorrhoidectomy, internal and external	\$672
47600	Cholecystectomy	\$1,560
49000	Exploration of Abdomen	\$1,044
49320	Laparoscopy, diagnostic	\$744
49505	Repair Inguinal Hernia	\$852
49560	Repair Abdominal Hernia	\$1,032
50590	Lithotripsy, extracorporeal shock wave	\$1,992
51840	Bladder repair/vesical neck	\$1,440
52612	TURP	\$1,320
55810	Prostatectomy, perineal radical	\$2,472
57240	Repair Bladder & Vagina	\$816
57280	Suspension of Vagina	\$1,272
57282	Repair of Vaginal Prolapse	\$1,272
58150	Total Hysterectomy	\$1,500
58260	Vaginal Hysterectomy	\$1,452
58400	Suspension of Uterus	\$984
58600	Division of fallopian tube	\$696

58700	Removal of fallopian tube	\$912
58720	Removal of ovary/tube(s)	\$1,068
58740	Revise Fallopian Tube(s)	\$1,116
58750	Repair Oviduct	\$1,824
58770	Create New Tubal Opening	\$1,596
58925	Removal of ovarian cyst(s)	\$816
58940	Removal of ovary(s)	\$816
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,140
59150	Treat Ectopic Pregnancy	\$1,140
59400	Obstetrical Care	\$1,488
59409	Obstetrical Care	\$780
59410	Obstetrical Care	\$864
59510	Cesarean delivery	\$1,836
59851	Abortion	\$864
61154	Pierce Skull, Remove Clot	\$2,364
61312	Open Skull for Drainage	\$3,000
62284	Injection for Myelogram	\$384
63030	Low Back Disk Surgery	\$2,688
63035	Added Spinal Disk Surgery	\$876
63047	Removal of Spinal Lamina	\$3,000
63048	Removal of Spinal Lamina	\$1,056
63075	Neck Spine Disk Surgery	\$2,772
64721	Carpal Tunnel Surgery	\$864
65855	Laser Surgery of Eye	\$828
66170	Glaucoma Surgery	\$1,116
66761	Revision of Iris	\$660
66984	Remove Cataract, Insert Lens	\$1,596
67210	Treatment of Retinal Lesion	\$852
67820	Revise Eyelashes	\$84
67840	Remove Eyelid Lesion	\$216
68761	Close Tear Duct Opening	\$132]

[\$3500 Option]

**[CPT-4
Codes**

Procedure	Amount
10060 I&D of Abscess, Simple	\$98
10061 I&D of Abscess, Complex	\$224
19000 Puncture Aspiration of cyst of Breast	\$112
19120 Removal of Breast Lesion	\$644
19180 Mastectomy, Simple	\$1,078

19240	Removal of Breast	\$1,610
20550	In Tendon/Ligament/cyst	\$84
20600	Drain/Inject Joint/Bursa	\$84
20605	Drain/Inject Joint/Bursa	\$84
22554	Neck Spine Fusion	\$3,500
23500	Closed tx, clavicle fracture	\$266
25560	Closed tx, radius fracture	\$504
27230	Closed tx, femur fracture.	\$770
27816	Closed tx, ankle fracture	\$546
28415	Closed tx, humerus fracture	\$1,708
29580	Application of Paste Boot	\$70
35301	Rechannelling of Artery	\$2,562
36415	Drawing blood	\$14
36489	Insertion of Catheter, Vein	\$224
36533	Insertion of Access Port	\$826
38562	Removal, Pelvic Lymph Nodes	\$1,708
38770	Remove Pelvis Lymph Nodes	\$2,072
38780	Remove Abdomen Lymph Nodes	\$3,416
44005	Freeing of Bowel Adhesion	\$1,386
44140	Partial Removal of Colon	\$1,988
44950	Appendectomy	\$1,008
44970	Laparoscopy surgical appendectomy	\$1,008
45378	Diagnostic Colonoscopy	\$588
45560	Repair of Rectocele	\$658
46255	Hemorrhoidectomy, internal and external	\$784
47600	Cholecystectomy	\$1,820
49000	Exploration of Abdomen	\$1,218
49320	Laparoscopy, diagnostic	\$868
49505	Repair Inguinal Hernia	\$994
49560	Repair Abdominal Hernia	\$1,204
50590	Lithotripsy, extracorporeal shock wave	\$2,324
51840	Bladder repair/vesical neck	\$1,680
52612	TURP	\$1,540
55810	Prostatectomy, perineal radical	\$2,884
57240	Repair Bladder & Vagina	\$952
57280	Suspension of Vagina	\$1,484
57282	Repair of Vaginal Prolapse	\$1,484
58150	Total Hysterectomy	\$1,750
58260	Vaginal Hysterectomy	\$1,694

58400	Suspension of Uterus	\$1,148
58600	Division of fallopian tube	\$812
58700	Removal of fallopian tube	\$1,064
58720	Removal of ovary/tube(s)	\$1,246
58740	Revise Fallopian Tube(s)	\$1,302
58750	Repair Oviduct	\$2,128
58770	Create New Tubal Opening	\$1,862
58925	Removal of ovarian cyst(s)	\$952
58940	Removal of ovary(s)	\$952
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,330
59150	Treat Ectopic Pregnancy	\$1,330
59400	Obstetrical Care	\$1,736
59409	Obstetrical Care	\$910
59410	Obstetrical Care	\$1,008
59510	Cesarean delivery	\$2,142
59851	Abortion	\$1,008
61154	Pierce Skull, Remove Clot	\$2,758
61312	Open Skull for Drainage	\$3,500
62284	Injection for Myelogram	\$448
63030	Low Back Disk Surgery	\$3,136
63035	Added Spinal Disk Surgery	\$1,022
63047	Removal of Spinal Lamina	\$3,500
63048	Removal of Spinal Lamina	\$1,232
63075	Neck Spine Disk Surgery	\$3,234
64721	Carpal Tunnel Surgery	\$1,008
65855	Laser Surgery of Eye	\$966
66170	Glaucoma Surgery	\$1,302
66761	Revision of Iris	\$770
66984	Remove Cataract, Insert Lens	\$1,862
67210	Treatment of Retinal Lesion	\$994
67820	Revise Eyelashes	\$98
67840	Remove Eyelid Lesion	\$252
68761	Close Tear Duct Opening	\$154]

[\$4000 Option]

[CPT-4

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$112
10061	I&D of Abscess, Complex	\$256
19000	Puncture Aspiration of cyst of Breast	\$128

19120	Removal of Breast Lesion	\$736
19180	Mastectomy, Simple	\$1,232
19240	Removal of Breast	\$1,840
20550	In Tendon/Ligament/cyst	\$96
20600	Drain/Inject Joint/Bursa	\$96
20605	Drain/Inject Joint/Bursa	\$96
22554	Neck Spine Fusion	\$4,000
23500	Closed tx, clavicle fracture	\$304
25560	Closed tx, radius fracture	\$576
27230	Closed tx, femur fracture.	\$880
27816	Closed tx, ankle fracture	\$624
28415	Closed tx, humerus fracture	\$1,952
29580	Application of Paste Boot	\$80
35301	Rechannelling of Artery	\$2,928
36415	Drawing blood	\$16
36489	Insertion of Catheter, Vein	\$256
36533	Insertion of Access Port	\$944
38562	Removal, Pelvic Lymph Nodes	\$1,952
38770	Remove Pelvis Lymph Nodes	\$2,368
38780	Remove Abdomen Lymph Nodes	\$3,904
44005	Freeing of Bowel Adhesion	\$1,584
44140	Partial Removal of Colon	\$2,272
44950	Appendectomy	\$1,152
44970	Laparoscopy surgical appendectomy	\$1,152
45378	Diagnostic Colonoscopy	\$672
45560	Repair of Rectocele	\$752
46255	Hemorrhoidectomy, internal and external	\$896
47600	Cholecystectomy	\$2,080
49000	Exploration of Abdomen	\$1,392
49320	Laparoscopy, diagnostic	\$992
49505	Repair Inguinal Hernia	\$1,136
49560	Repair Abdominal Hernia	\$1,376
50590	Lithotripsy, extracorporeal shock wave	\$2,656
51840	Bladder repair/vesical neck	\$1,920
52612	TURP	\$1,760
55810	Prostatectomy, perineal radical	\$3,296
57240	Repair Bladder & Vagina	\$1,088
57280	Suspension of Vagina	\$1,696
57282	Repair of Vaginal Prolapse	\$1,696

58150	Total Hysterectomy	\$2,000
58260	Vaginal Hysterectomy	\$1,936
58400	Suspension of Uterus	\$1,312
58600	Division of fallopian tube	\$928
58700	Removal of fallopian tube	\$1,216
58720	Removal of ovary/tube(s)	\$1,424
58740	Revise Fallopian Tube(s)	\$1,488
58750	Repair Oviduct	\$2,432
58770	Create New Tubal Opening	\$2,128
58925	Removal of ovarian cyst(s)	\$1,088
58940	Removal of ovary(s)	\$1,088
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,520
59150	Treat Ectopic Pregnancy	\$1,520
59400	Obstetrical Care	\$1,984
59409	Obstetrical Care	\$1,040
59410	Obstetrical Care	\$1,152
59510	Cesarean delivery	\$2,448
59851	Abortion	\$1,152
61154	Pierce Skull, Remove Clot	\$3,152
61312	Open Skull for Drainage	\$4,000
62284	Injection for Myelogram	\$512
63030	Low Back Disk Surgery	\$3,584
63035	Added Spinal Disk Surgery	\$1,168
63047	Removal of Spinal Lamina	\$4,000
63048	Removal of Spinal Lamina	\$1,408
63075	Neck Spine Disk Surgery	\$3,696
64721	Carpal Tunnel Surgery	\$1,152
65855	Laser Surgery of Eye	\$1,104
66170	Glaucoma Surgery	\$1,488
66761	Revision of Iris	\$880
66984	Remove Cataract, Insert Lens	\$2,128
67210	Treatment of Retinal Lesion	\$1,136
67820	Revise Eyelashes	\$112
67840	Remove Eyelid Lesion	\$288
68761	Close Tear Duct Opening	\$176]

[\$4500 Option]

**[CPT-4
Codes**

Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$126

10061	I&D of Abscess, Complex	\$288
19000	Puncture Aspiration of cyst of Breast	\$144
19120	Removal of Breast Lesion	\$828
19180	Mastectomy, Simple	\$1,386
19240	Removal of Breast	\$2,070
20550	In Tendon/Ligament/cyst	\$108
20600	Drain/Inject Joint/Bursa	\$108
20605	Drain/Inject Joint/Bursa	\$108
22554	Neck Spine Fusion	\$4,500
23500	Closed tx, clavicle fracture	\$342
25560	Closed tx, radius fracture	\$648
27230	Closed tx, femur fracture.	\$990
27816	Closed tx, ankle fracture	\$702
28415	Closed tx, humerus fracture	\$2,196
29580	Application of Paste Boot	\$90
35301	Rechannelling of Artery	\$3,294
36415	Drawing blood	\$18
36489	Insertion of Catheter, Vein	\$288
36533	Insertion of Access Port	\$1,062
38562	Removal, Pelvic Lymph Nodes	\$2,196
38770	Remove Pelvis Lymph Nodes	\$2,664
38780	Remove Abdomen Lymph Nodes	\$4,392
44005	Freeing of Bowel Adhesion	\$1,782
44140	Partial Removal of Colon	\$2,556
44950	Appendectomy	\$1,296
44970	Laparoscopy surgical appendectomy	\$1,296
45378	Diagnostic Colonoscopy	\$756
45560	Repair of Rectocele	\$846
46255	Hemorrhoidectomy, internal and external	\$1,008
47600	Cholecystectomy	\$2,340
49000	Exploration of Abdomen	\$1,566
49320	Laparoscopy, diagnostic	\$1,116
49505	Repair Inguinal Hernia	\$1,278
49560	Repair Abdominal Hernia	\$1,548
50590	Lithotripsy, extracorporeal shock wave	\$2,988
51840	Bladder repair/vesical neck	\$2,160
52612	TURP	\$1,980
55810	Prostatectomy, perineal radical	\$3,708
57240	Repair Bladder & Vagina	\$1,224

57280	Suspension of Vagina	\$1,908
57282	Repair of Vaginal Prolapse	\$1,908
58150	Total Hysterectomy	\$2,250
58260	Vaginal Hysterectomy	\$2,178
58400	Suspension of Uterus	\$1,476
58600	Division of fallopian tube	\$1,044
58700	Removal of fallopian tube	\$1,368
58720	Removal of ovary/tube(s)	\$1,602
58740	Revise Fallopian Tube(s)	\$1,674
58750	Repair Oviduct	\$2,736
58770	Create New Tubal Opening	\$2,394
58925	Removal of ovarian cyst(s)	\$1,224
58940	Removal of ovary(s)	\$1,224
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,710
59150	Treat Ectopic Pregnancy	\$1,710
59400	Obstetrical Care	\$2,232
59409	Obstetrical Care	\$1,170
59410	Obstetrical Care	\$1,296
59510	Cesarean delivery	\$2,754
59851	Abortion	\$1,296
61154	Pierce Skull, Remove Clot	\$3,546
61312	Open Skull for Drainage	\$4,500
62284	Injection for Myelogram	\$576
63030	Low Back Disk Surgery	\$4,032
63035	Added Spinal Disk Surgery	\$1,314
63047	Removal of Spinal Lamina	\$4,500
63048	Removal of Spinal Lamina	\$1,584
63075	Neck Spine Disk Surgery	\$4,158
64721	Carpal Tunnel Surgery	\$1,296
65855	Laser Surgery of Eye	\$1,242
66170	Glaucoma Surgery	\$1,674
66761	Revision of Iris	\$990
66984	Remove Cataract, Insert Lens	\$2,394
67210	Treatment of Retinal Lesion	\$1,278
67820	Revise Eyelashes	\$126
67840	Remove Eyelid Lesion	\$324
68761	Close Tear Duct Opening	\$198]

[\$5000 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$140
10061	I&D of Abscess, Complex	\$320
19000	Puncture Aspiration of cyst of Breast	\$160
19120	Removal of Breast Lesion	\$920
19180	Mastectomy, Simple	\$1,540
19240	Removal of Breast	\$2,300
20550	In Tendon/Ligament/cyst	\$120
20600	Drain/Inject Joint/Bursa	\$120
20605	Drain/Inject Joint/Bursa	\$120
22554	Neck Spine Fusion	\$5,000
23500	Closed tx, clavicle fracture	\$380
25560	Closed tx, radius fracture	\$720
27230	Closed tx, femur fracture.	\$1,100
27816	Closed tx, ankle fracture	\$780
28415	Closed tx, humerus fracture	\$2,440
29580	Application of Paste Boot	\$100
35301	Rechannelling of Artery	\$3,660
36415	Drawing blood	\$20
36489	Insertion of Catheter, Vein	\$320
36533	Insertion of Access Port	\$1,180
38562	Removal, Pelvic Lymph Nodes	\$2,440
38770	Remove Pelvis Lymph Nodes	\$2,960
38780	Remove Abdomen Lymph Nodes	\$4,880
44005	Freeing of Bowel Adhesion	\$1,980
44140	Partial Removal of Colon	\$2,840
44950	Appendectomy	\$1,440
44970	Laparoscopy surgical appendectomy	\$1,440
45378	Diagnostic Colonoscopy	\$840
45560	Repair of Rectocele	\$940
46255	Hemorrhoidectomy, internal and external	\$1,120
47600	Cholecystectomy	\$2,600
49000	Exploration of Abdomen	\$1,740
49320	Laparoscopy, diagnostic	\$1,240
49505	Repair Inguinal Hernia	\$1,420
49560	Repair Abdominal Hernia	\$1,720
50590	Lithotripsy, extracorporeal shock wave	\$3,320
51840	Bladder repair/vesical neck	\$2,400

52612	TURP	\$2,200
55810	Prostatectomy, perineal radical	\$4,120
57240	Repair Bladder & Vagina	\$1,360
57280	Suspension of Vagina	\$2,120
57282	Repair of Vaginal Prolapse	\$2,120
58150	Total Hysterectomy	\$2,500
58260	Vaginal Hysterectomy	\$2,420
58400	Suspension of Uterus	\$1,640
58600	Division of fallopian tube	\$1,160
58700	Removal of fallopian tube	\$1,520
58720	Removal of ovary/tube(s)	\$1,780
58740	Revise Fallopian Tube(s)	\$1,860
58750	Repair Oviduct	\$3,040
58770	Create New Tubal Opening	\$2,660
58925	Removal of ovarian cyst(s)	\$1,360
58940	Removal of ovary(s)	\$1,360
59121	Surgical treat of ectopic preg w/o salpingectomy	\$1,900
59150	Treat Ectopic Pregnancy	\$1,900
59400	Obstetrical Care	\$2,480
59409	Obstetrical Care	\$1,300
59410	Obstetrical Care	\$1,440
59510	Cesarean delivery	\$3,060
59851	Abortion	\$1,440
61154	Pierce Skull, Remove Clot	\$3,940
61312	Open Skull for Drainage	\$5,000
62284	Injection for Myelogram	\$640
63030	Low Back Disk Surgery	\$4,480
63035	Added Spinal Disk Surgery	\$1,460
63047	Removal of Spinal Lamina	\$5,000
63048	Removal of Spinal Lamina	\$1,760
63075	Neck Spine Disk Surgery	\$4,620
64721	Carpal Tunnel Surgery	\$1,440
65855	Laser Surgery of Eye	\$1,380
66170	Glaucoma Surgery	\$1,860
66761	Revision of Iris	\$1,100
66984	Remove Cataract, Insert Lens	\$2,660
67210	Treatment of Retinal Lesion	\$1,420
67820	Revise Eyelashes	\$140
67840	Remove Eyelid Lesion	\$360

68761	Close Tear Duct Opening	\$220]
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[\$5,500 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$154
10061	I&D of Abscess, Complex	\$352
19000	Puncture Aspiration of cyst of Breast	\$176
19120	Removal of Breast Lesion	\$1,012
19180	Mastectomy, Simple	\$1,694
19240	Removal of Breast	\$2,530
20550	In Tendon/Ligament/cyst	\$132
20600	Drain/Inject Joint/Bursa	\$132
20605	Drain/Inject Joint/Bursa	\$132
22554	Neck Spine Fusion	\$5,500
23500	Closed tx, clavicle fracture	\$418
25560	Closed tx, radius fracture	\$792
27230	Closed tx, femur fracture.	\$1,210
27816	Closed tx, ankle fracture	\$858
28415	Closed tx, humerus fracture	\$2,684
29580	Application of Paste Boot	\$110
35301	Rechannelling of Artery	\$4,026
36415	Drawing blood	\$22
36489	Insertion of Catheter, Vein	\$352
36533	Insertion of Access Port	\$1,298
38562	Removal, Pelvic Lymph Nodes	\$2,684
38770	Remove Pelvis Lymph Nodes	\$3,256
38780	Remove Abdomen Lymph Nodes	\$5,368
44005	Freeing of Bowel Adhesion	\$2,178
44140	Partial Removal of Colon	\$3,124
44950	Appendectomy	\$1,584
44970	Laparoscopy surgical appendectomy	\$1,584
45378	Diagnostic Colonoscopy	\$924
45560	Repair of Rectocele	\$1,034
46255	Hemorrhoidectomy, internal and external	\$1,232
47600	Cholecystectomy	\$2,860
49000	Exploration of Abdomen	\$1,914
49320	Laparoscopy, diagnostic	\$1,364
49505	Repair Inguinal Hernia	\$1,562
49560	Repair Abdominal Hernia	\$1,892

50590	Lithotripsy, extracorporeal shock wave	\$3,652
51840	Bladder repair/vesical neck	\$2,640
52612	TURP	\$2,420
55810	Prostatectomy, perineal radical	\$4,532
57240	Repair Bladder & Vagina	\$1,496
57280	Suspension of Vagina	\$2,332
57282	Repair of Vaginal Prolapse	\$2,332
58150	Total Hysterectomy	\$2,750
58260	Vaginal Hysterectomy	\$2,662
58400	Suspension of Uterus	\$1,804
58600	Division of fallopian tube	\$1,276
58700	Removal of fallopian tube	\$1,672
58720	Removal of ovary/tube(s)	\$1,958
58740	Revise Fallopian Tube(s)	\$2,046
58750	Repair Oviduct	\$3,344
58770	Create New Tubal Opening	\$2,926
58925	Removal of ovarian cyst(s)	\$1,496
58940	Removal of ovary(s)	\$1,496
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,090
59150	Treat Ectopic Pregnancy	\$2,090
59400	Obstetrical Care	\$2,728
59409	Obstetrical Care	\$1,430
59410	Obstetrical Care	\$1,584
59510	Cesarean delivery	\$3,366
59851	Abortion	\$1,584
61154	Pierce Skull, Remove Clot	\$4,334
61312	Open Skull for Drainage	\$5,500
62284	Injection for Myelogram	\$704
63030	Low Back Disk Surgery	\$4,928
63035	Added Spinal Disk Surgery	\$1,606
63047	Removal of Spinal Lamina	\$5,500
63048	Removal of Spinal Lamina	\$1,936
63075	Neck Spine Disk Surgery	\$5,082
64721	Carpal Tunnel Surgery	\$1,584
65855	Laser Surgery of Eye	\$1,518
66170	Glaucoma Surgery	\$2,046
66761	Revision of Iris	\$1,210
66821	After Cataract Laser Surgery	\$1,122
66984	Remove Cataract, Insert Lens	\$2,926

67210	Treatment of Retinal Lesion	\$1,562
67228	Treatment of Retinal Lesion	\$1,672
67820	Revise Eyelashes	\$154
67840	Remove Eyelid Lesion	\$396
68761	Close Tear Duct Opening	\$242]

[\$6,000 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$168
10061	I&D of Abscess, Complex	\$384
19000	Puncture Aspiration of cyst of Breast	\$192
19120	Removal of Breast Lesion	\$1,104
19180	Mastectomy, Simple	\$1,848
19240	Removal of Breast	\$2,760
20550	In Tendon/Ligament/cyst	\$144
20600	Drain/Inject Joint/Bursa	\$144
20605	Drain/Inject Joint/Bursa	\$144
22554	Neck Spine Fusion	\$6,000
23500	Closed tx, clavicle fracture	\$456
25560	Closed tx, radius fracture	\$864
27230	Closed tx, femur fracture.	\$1,320
27816	Closed tx, ankle fracture	\$936
28415	Closed tx, humerus fracture	\$2,928
29580	Application of Paste Boot	\$120
35301	Rechanneling of Artery	\$4,392
36415	Drawing blood	\$24
36489	Insertion of Catheter, Vein	\$384
36533	Insertion of Access Port	\$1,416
38562	Removal, Pelvic Lymph Nodes	\$2,928
38770	Remove Pelvis Lymph Nodes	\$3,552
38780	Remove Abdomen Lymph Nodes	\$5,856
44005	Freeing of Bowel Adhesion	\$2,376
44140	Partial Removal of Colon	\$3,408
44950	Appendectomy	\$1,728
44970	Laparoscopy surgical appendectomy	\$1,728
45378	Diagnostic Colonoscopy	\$1,008
45560	Repair of Rectocele	\$1,128
46255	Hemorrhoidectomy, internal and external	\$1,344
47600	Cholecystectomy	\$3,120

49000	Exploration of Abdomen	\$2,088
49320	Laparoscopy, diagnostic	\$1,488
49505	Repair Inguinal Hernia	\$1,704
49560	Repair Abdominal Hernia	\$2,064
50590	Lithotripsy, extracorporeal shock wave	\$3,984
51840	Bladder repair/vesical neck	\$2,880
52612	TURP	\$2,640
55810	Prostatectomy, perineal radical	\$4,944
57240	Repair Bladder & Vagina	\$1,632
57280	Suspension of Vagina	\$2,544
57282	Repair of Vaginal Prolapse	\$2,544
58150	Total Hysterectomy	\$3,000
58260	Vaginal Hysterectomy	\$2,904
58400	Suspension of Uterus	\$1,968
58600	Division of fallopian tube	\$1,392
58700	Removal of fallopian tube	\$1,824
58720	Removal of ovary/tube(s)	\$2,136
58740	Revise Fallopian Tube(s)	\$2,232
58750	Repair Oviduct	\$3,648
58770	Create New Tubal Opening	\$3,192
58925	Removal of ovarian cyst(s)	\$1,632
58940	Removal of ovary(s)	\$1,632
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,280
59150	Treat Ectopic Pregnancy	\$2,280
59400	Obstetrical Care	\$2,976
59409	Obstetrical Care	\$1,560
59410	Obstetrical Care	\$1,728
59510	Cesarean delivery	\$3,672
59851	Abortion	\$1,728
61154	Pierce Skull, Remove Clot	\$4,728
61312	Open Skull for Drainage	\$6,000
62284	Injection for Myelogram	\$768
63030	Low Back Disk Surgery	\$5,376
63035	Added Spinal Disk Surgery	\$1,752
63047	Removal of Spinal Lamina	\$6,000
63048	Removal of Spinal Lamina	\$2,112
63075	Neck Spine Disk Surgery	\$5,544
64721	Carpal Tunnel Surgery	\$1,728
65855	Laser Surgery of Eye	\$1,656

66170	Glaucoma Surgery	\$2,232
66761	Revision of Iris	\$1,320
66821	After Cataract Laser Surgery	\$1,224
66984	Remove Cataract, Insert Lens	\$3,192
67210	Treatment of Retinal Lesion	\$1,704
67228	Treatment of Retinal Lesion	\$1,824
67820	Revise Eyelashes	\$168
67840	Remove Eyelid Lesion	\$432
68761	Close Tear Duct Opening	\$264]

[\$6,500 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$182
10061	I&D of Abscess, Complex	\$416
19000	Puncture Aspiration of cyst of Breast	\$208
19120	Removal of Breast Lesion	\$1,196
19180	Mastectomy, Simple	\$2,002
19240	Removal of Breast	\$2,990
20550	In Tendon/Ligament/cyst	\$156
20600	Drain/Inject Joint/Bursa	\$156
20605	Drain/Inject Joint/Bursa	\$156
22554	Neck Spine Fusion	\$6,500
23500	Closed tx, clavicle fracture	\$494
25560	Closed tx, radius fracture	\$936
27230	Closed tx, femur fracture.	\$1,430
27816	Closed tx, ankle fracture	\$1,014
28415	Closed tx, humerus fracture	\$3,172
29580	Application of Paste Boot	\$130
35301	Rechannelling of Artery	\$4,758
36415	Drawing blood	\$26
36489	Insertion of Catheter, Vein	\$416
36533	Insertion of Access Port	\$1,534
38562	Removal, Pelvic Lymph Nodes	\$3,172
38770	Remove Pelvis Lymph Nodes	\$3,848
38780	Remove Abdomen Lymph Nodes	\$6,344
44005	Freeing of Bowel Adhesion	\$2,574
44140	Partial Removal of Colon	\$3,692
44950	Appendectomy	\$1,872
44970	Laparoscopy surgical appendectomy	\$1,872

45378	Diagnostic Colonoscopy	\$1,092
45560	Repair of Rectocele	\$1,222
46255	Hemorrhoidectomy, internal and external	\$1,456
47600	Cholecystectomy	\$3,380
49000	Exploration of Abdomen	\$2,262
49320	Laparoscopy, diagnostic	\$1,612
49505	Repair Inguinal Hernia	\$1,846
49560	Repair Abdominal Hernia	\$2,236
50590	Lithotripsy, extracorporeal shock wave	\$4,316
51840	Bladder repair/vesical neck	\$3,120
52612	TURP	\$2,860
55810	Prostatectomy, perineal radical	\$5,356
57240	Repair Bladder & Vagina	\$1,768
57280	Suspension of Vagina	\$2,756
57282	Repair of Vaginal Prolapse	\$2,756
58150	Total Hysterectomy	\$3,250
58260	Vaginal Hysterectomy	\$3,146
58400	Suspension of Uterus	\$2,132
58600	Division of fallopian tube	\$1,508
58700	Removal of fallopian tube	\$1,976
58720	Removal of ovary/tube(s)	\$2,314
58740	Revise Fallopian Tube(s)	\$2,418
58750	Repair Oviduct	\$3,952
58770	Create New Tubal Opening	\$3,458
58925	Removal of ovarian cyst(s)	\$1,768
58940	Removal of ovary(s)	\$1,768
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,470
59150	Treat Ectopic Pregnancy	\$2,470
59400	Obstetrical Care	\$3,224
59409	Obstetrical Care	\$1,690
59410	Obstetrical Care	\$1,872
59510	Cesarean delivery	\$3,978
59851	Abortion	\$1,872
61154	Pierce Skull, Remove Clot	\$5,122
61312	Open Skull for Drainage	\$6,500
62284	Injection for Myelogram	\$832
63030	Low Back Disk Surgery	\$5,824
63035	Added Spinal Disk Surgery	\$1,898
63047	Removal of Spinal Lamina	\$6,500

63048	Removal of Spinal Lamina	\$2,288
63075	Neck Spine Disk Surgery	\$6,006
64721	Carpal Tunnel Surgery	\$1,872
65855	Laser Surgery of Eye	\$1,794
66170	Glaucoma Surgery	\$2,418
66761	Revision of Iris	\$1,430
66821	After Cataract Laser Surgery	\$1,326
66984	Remove Cataract, Insert Lens	\$3,458
67210	Treatment of Retinal Lesion	\$1,846
67228	Treatment of Retinal Lesion	\$1,976
67820	Revise Eyelashes	\$182
67840	Remove Eyelid Lesion	\$468
68761	Close Tear Duct Opening	\$286]

[\$7,000 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$196
10061	I&D of Abscess, Complex	\$448
19000	Puncture Aspiration of cyst of Breast	\$224
19120	Removal of Breast Lesion	\$1,288
19180	Mastectomy, Simple	\$2,156
19240	Removal of Breast	\$3,220
20550	In Tendon/Ligament/cyst	\$168
20600	Drain/Inject Joint/Bursa	\$168
20605	Drain/Inject Joint/Bursa	\$168
22554	Neck Spine Fusion	\$7,000
23500	Closed tx, clavicle fracture	\$532
25560	Closed tx, radius fracture	\$1,008
27230	Closed tx, femur fracture.	\$1,540
27816	Closed tx, ankle fracture	\$1,092
28415	Closed tx, humerus fracture	\$3,416
29580	Application of Paste Boot	\$140
35301	Rechannelling of Artery	\$5,124
36415	Drawing blood	\$28
36489	Insertion of Catheter, Vein	\$448
36533	Insertion of Access Port	\$1,652
38562	Removal, Pelvic Lymph Nodes	\$3,416
38770	Remove Pelvis Lymph Nodes	\$4,144
38780	Remove Abdomen Lymph Nodes	\$6,832

44005	Freeing of Bowel Adhesion	\$2,772
44140	Partial Removal of Colon	\$3,976
44950	Appendectomy	\$2,016
44970	Laparoscopy surgical appendectomy	\$2,016
45378	Diagnostic Colonoscopy	\$1,176
45560	Repair of Rectocele	\$1,316
46255	Hemorrhoidectomy, internal and external	\$1,568
47600	Cholecystectomy	\$3,640
49000	Exploration of Abdomen	\$2,436
49320	Laparoscopy, diagnostic	\$1,736
49505	Repair Inguinal Hernia	\$1,988
49560	Repair Abdominal Hernia	\$2,408
50590	Lithotripsy, extracorporeal shock wave	\$4,648
51840	Bladder repair/vesical neck	\$3,360
52612	TURP	\$3,080
55810	Prostatectomy, perineal radical	\$5,768
57240	Repair Bladder & Vagina	\$1,904
57280	Suspension of Vagina	\$2,968
57282	Repair of Vaginal Prolapse	\$2,968
58150	Total Hysterectomy	\$3,500
58260	Vaginal Hysterectomy	\$3,388
58400	Suspension of Uterus	\$2,296
58600	Division of fallopian tube	\$1,624
58700	Removal of fallopian tube	\$2,128
58720	Removal of ovary/tube(s)	\$2,492
58740	Revise Fallopian Tube(s)	\$2,604
58750	Repair Oviduct	\$4,256
58770	Create New Tubal Opening	\$3,724
58925	Removal of ovarian cyst(s)	\$1,904
58940	Removal of ovary(s)	\$1,904
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,660
59150	Treat Ectopic Pregnancy	\$2,660
59400	Obstetrical Care	\$3,472
59409	Obstetrical Care	\$1,820
59410	Obstetrical Care	\$2,016
59510	Cesarean delivery	\$4,284
59851	Abortion	\$2,016
61154	Pierce Skull, Remove Clot	\$5,516
61312	Open Skull for Drainage	\$7,000

62284	Injection for Myelogram	\$896
63030	Low Back Disk Surgery	\$6,272
63035	Added Spinal Disk Surgery	\$2,044
63047	Removal of Spinal Lamina	\$7,000
63048	Removal of Spinal Lamina	\$2,464
63075	Neck Spine Disk Surgery	\$6,468
64721	Carpal Tunnel Surgery	\$2,016
65855	Laser Surgery of Eye	\$1,932
66170	Glaucoma Surgery	\$2,604
66761	Revision of Iris	\$1,540
66821	After Cataract Laser Surgery	\$1,428
66984	Remove Cataract, Insert Lens	\$3,724
67210	Treatment of Retinal Lesion	\$1,988
67228	Treatment of Retinal Lesion	\$2,128
67820	Revise Eyelashes	\$196
67840	Remove Eyelid Lesion	\$504
68761	Close Tear Duct Opening	\$308]

[\$7,500 Option]

[CPT-4 Codes	Procedure	Amount
10060	I&D of Abscess, Simple	\$210
10061	I&D of Abscess, Complex	\$480
19000	Puncture Aspiration of cyst of Breast	\$240
19120	Removal of Breast Lesion	\$1,380
19180	Mastectomy, Simple	\$2,310
19240	Removal of Breast	\$3,450
20550	In Tendon/Ligament/cyst	\$180
20600	Drain/Inject Joint/Bursa	\$180
20605	Drain/Inject Joint/Bursa	\$180
22554	Neck Spine Fusion	\$7,500
23500	Closed tx, clavicle fracture	\$570
25560	Closed tx, radius fracture	\$1,080
27230	Closed tx, femur fracture.	\$1,650
27816	Closed tx, ankle fracture	\$1,170
28415	Closed tx, humerus fracture	\$3,660
29580	Application of Paste Boot	\$150
35301	Rechannelling of Artery	\$5,490
36415	Drawing blood	\$30
36489	Insertion of Catheter, Vein	\$480

36533	Insertion of Access Port	\$1,770
38562	Removal, Pelvic Lymph Nodes	\$3,660
38770	Remove Pelvis Lymph Nodes	\$4,440
38780	Remove Abdomen Lymph Nodes	\$7,320
44005	Freeing of Bowel Adhesion	\$2,970
44140	Partial Removal of Colon	\$4,260
44950	Appendectomy	\$2,160
44970	Laparoscopy surgical appendectomy	\$2,160
45378	Diagnostic Colonoscopy	\$1,260
45560	Repair of Rectocele	\$1,410
46255	Hemorrhoidectomy, internal and external	\$1,680
47600	Cholecystectomy	\$3,900
49000	Exploration of Abdomen	\$2,610
49320	Laparoscopy, diagnostic	\$1,860
49505	Repair Inguinal Hernia	\$2,130
49560	Repair Abdominal Hernia	\$2,580
50590	Lithotripsy, extracorporeal shock wave	\$4,980
51840	Bladder repair/vesical neck	\$3,600
52612	TURP	\$3,300
55810	Prostatectomy, perineal radical	\$6,180
57240	Repair Bladder & Vagina	\$2,040
57280	Suspension of Vagina	\$3,180
57282	Repair of Vaginal Prolapse	\$3,180
58150	Total Hysterectomy	\$3,750
58260	Vaginal Hysterectomy	\$3,630
58400	Suspension of Uterus	\$2,460
58600	Division of fallopian tube	\$1,740
58700	Removal of fallopian tube	\$2,280
58720	Removal of ovary/tube(s)	\$2,670
58740	Revise Fallopian Tube(s)	\$2,790
58750	Repair Oviduct	\$4,560
58770	Create New Tubal Opening	\$3,990
58925	Removal of ovarian cyst(s)	\$2,040
58940	Removal of ovary(s)	\$2,040
59121	Surgical treat of ectopic preg w/o salpingectomy	\$2,850
59150	Treat Ectopic Pregnancy	\$2,850
59400	Obstetrical Care	\$3,720
59409	Obstetrical Care	\$1,950
59410	Obstetrical Care	\$2,160

59510	Cesarean delivery	\$4,590
59851	Abortion	\$2,160
61154	Pierce Skull, Remove Clot	\$5,910
61312	Open Skull for Drainage	\$7,500
62284	Injection for Myelogram	\$960
63030	Low Back Disk Surgery	\$6,720
63035	Added Spinal Disk Surgery	\$2,190
63047	Removal of Spinal Lamina	\$7,500
63048	Removal of Spinal Lamina	\$2,640
63075	Neck Spine Disk Surgery	\$6,930
64721	Carpal Tunnel Surgery	\$2,160
65855	Laser Surgery of Eye	\$2,070
66170	Glaucoma Surgery	\$2,790
66761	Revision of Iris	\$1,650
66821	After Cataract Laser Surgery	\$1,530
66984	Remove Cataract, Insert Lens	\$3,990
67210	Treatment of Retinal Lesion	\$2,130
67228	Treatment of Retinal Lesion	\$2,280
67820	Revise Eyelashes	\$210
67840	Remove Eyelid Lesion	\$540
68761	Close Tear Duct Opening	\$300]